

**AGREEMENT**

THIS AGREEMENT is made and entered into this 22nd day of June, 2021, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and KINGS VIEW CORPORATION, a private Non-profit, 501 (c) (3), Organization, whose address is 7170 N Financial Dr, Ste 110, Fresno, CA 93720, hereinafter referred to as "CONTACTOR" (collectively the "parties").

WITNESSETH:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), is in need of a qualified agency to operate a Projects for Assistance in Transition from Homelessness (PATH) program to deliver integrated mental health and supportive housing services to adults who are homeless, or who are at imminent risk of becoming homeless, and have a severe mental illness and/or co-occurring disorder, in an effort to enable this population to live in the community and to avoid homelessness, hospitalization and/or jail detention.

WHEREAS, COUNTY, through its DBH, is a Mental Health Plan (MHP) as defined in Title 9 of the California Code of Regulations (C.C.R.), section 1810.226; and

WHEREAS, CONTRACTOR is qualified and willing to operate said PATH program and provide PATH services pursuant to the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants, terms and conditions herein contained, the parties hereto agree as follows:

1. SERVICES

A. CONTRACTOR shall perform all services and fulfill all responsibilities as set forth in Exhibit A, "Projects for Assistance in Transition from Homelessness (PATH) Program, Scope of Work," attached hereto and by this reference incorporated herein and made part of this Agreement.

B. CONTRACTOR shall also perform all services and fulfill all responsibilities as specified in COUNTY'S Request for Proposal (RFP) No. 20-044 dated February 19, 2020, Addendum No. One (1) to COUNTY'S RFP No. 20-044 dated March 16, 2020 and Addendum No. Two (2) to

1 COUNTY's RFP NO. 20-044 dated March 19, 2020, herein collectively referred to as COUNTY's  
2 Revised RFP, and CONTRACTOR's Response to said Revised RFP dated May 28, 2020, all  
3 incorporated herein by reference and made part of this Agreement. In the event of any  
4 inconsistency among these documents, the inconsistency shall be resolved by giving  
5 precedence in the following order of priority to: 1) this Agreement, including all Exhibits, 2) the  
6 Revised RFP, and 3) CONTRACTOR's Response to the Revised RFP. A copy of COUNTY's  
7 Revised RFP No. 20-044 and CONTRACTOR's Response thereto shall be retained and made  
8 available during the term of this Agreement by COUNTY's DBH Contracted Services Division.

9 C. CONTRACTOR shall participate in monthly, or as needed, workgroup meetings  
10 consisting of staff from COUNTY's DBH Administrative unit to discuss PATH requirements, data  
11 reporting, training, policies and procedures, overall program operations and any problems or  
12 foreseeable problems that may arise.

13 D. CONTRACTOR shall provide Outreach, Engagement, Linkage, and Specialty Mental  
14 Health Services in accordance with the vision, mission, and guiding principles of the COUNTY's  
15 DBH, as further described in Exhibit B, "Guiding Principles of Care Delivery," attached hereto  
16 and by this reference incorporated herein and made part of this Agreement.

17 E. CONTRACTOR shall maintain requirements as an organizational provider throughout the  
18 term of this Agreement, as described in Section Fifteen (15) of this Agreement. If for any reason,  
19 this status is not maintained, COUNTY may terminate this Agreement pursuant to Section Three  
20 (3) of this Agreement.

21 F. It is acknowledged by all parties hereto that COUNTY's DBH Administrative unit shall  
22 monitor PATH program operated by CONTRACTOR, in accordance with Section Thirteen (13) of  
23 this Agreement.

## 24 2. TERM

25 The term of this Agreement shall be for a period of three (3) years, commencing on the 1st day of  
26 July, 2021 and terminating on the 30<sup>th</sup> day of June, 2024. This Agreement may be extended for two (2)  
27 additional consecutive twelve (12) month periods upon written approval of both parties no later than thirty  
28 (30) days prior to the first day of the next twelve (12) month extension period. The Director or their

1 designee is authorized to execute such written approval on behalf of COUNTY based on CONTRACTOR'S  
2 satisfactory performance. The Director or their designee is authorized to execute such written approval on  
3 behalf of COUNTY based on CONTRACTOR'S satisfactory performance.

4 This Agreement, subject to satisfactory outcomes performance and subject to available State  
5 funding each year, shall automatically be extended for two (2) additional twelve (12) month periods upon  
6 the same terms and conditions herein set forth, unless written notice of non-renewal is given by COUNTY  
7 or CONTRACTOR or COUNTY's DBH Director or designee, not later than thirty (30) days prior to the close  
8 of the current Agreement term.

9 3. TERMINATION

10 A. Non-Allocation of Funds - The terms of this Agreement, and the services to be provided  
11 hereunder, are contingent on the approval of funds by the appropriating government agency.  
12 Should sufficient funds not be allocated, the services provided may be modified, or this  
13 Agreement terminated, at any time by giving the CONTRACTOR thirty (30) days advance  
14 written notice.

15 B. Breach of Contract - The COUNTY may immediately suspend or terminate this Agreement  
16 in whole or in part, where in the determination of the COUNTY there is:

- 17 1) An illegal or improper use of funds;
- 18 2) A failure to comply with any term of this Agreement;
- 19 3) A substantially incorrect or incomplete report submitted to the COUNTY;
- 20 4) Improperly performed service.

21 In no event shall any payment by the COUNTY constitute a waiver by the COUNTY of any breach  
22 of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither shall such  
23 payment impair or prejudice any remedy available to the COUNTY with respect to the breach or default.

24 The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the COUNTY of any  
25 funds disbursed to the CONTRACTOR under this Agreement, which in the judgment of the COUNTY were  
26 not expended in accordance with the terms of this Agreement. The CONTRACTOR shall promptly refund  
27 any such funds upon demand.

28 C. Without Cause - Under circumstances other than those set forth above, this Agreement may

1 be terminated by COUNTY upon the giving of sixty (60) days advance written notice of an  
2 intention to terminate to CONTRACTOR.

3 4. COMPENSATION:

4 COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive compensation for  
5 actual expenditures incurred in accordance with the CONTRACTOR's budget documents approved by the  
6 COUNTY's DBH Director or designee and attached hereto as Exhibit C and incorporated herein by this  
7 reference.

8 The maximum amount to be paid to CONTRACTOR by COUNTY under this Agreement for the  
9 twelve (12) month period, (July 1, 2021 through June 30, 2022), shall not exceed Six Hundred Seventy-  
10 One Thousand, Two Hundred Seventy-Two and No/100 Dollars (\$671,272.00). This is comprised of the  
11 following funding streams: Three Hundred-Eight Thousand and No/100 Dollars (\$308,000.00) in PATH  
12 Grant funds, Sixty-Six Thousand, Four Hundred Sixty-Eight and No/100 Dollars (\$66,468.00) in HHAP  
13 Grant funds, One Hundred Seventy-Two Thousand, Five Hundred Thirty-Three and No/100 Dollars  
14 (\$172,533.00) in local MHSA funds, One Hundred Twenty-Three Thousand, Two Hundred Sixty-Nine and  
15 No/100 Dollars (\$123,269.00) in Federal Financial Participation (FFP), and One Thousand-Two and No/100  
16 Dollars (\$1,002.00) in Client Rents to offset CONTRACTOR's program costs as set forth in Exhibit C.

17 The maximum amount to be paid to CONTRACTOR by COUNTY under this Agreement for the  
18 following twelve (12) month period, (July 1, 2022 through June 30, 2023), shall not exceed Six Hundred  
19 Thirty-Nine Thousand, Sixty-Six and No/100 Dollars (\$639,066.00). This is comprised of the following  
20 funding streams: Three Hundred-Eight Thousand and No/100 Dollars (\$308,000.00) in PATH Grant funds,  
21 One Hundred Seventy-Two Thousand, Five Hundred Thirty-Three and No/100 Dollars (\$172,533.00) in  
22 local MHSA funds, One Hundred Fifty-Seven Thousand, Five Hundred Thirty-One and No/100 Dollars in  
23 FFP (\$157,531.00), and One Thousand-Two and No/100 Dollars (\$1,002.00) in Client Rents to offset the  
24 CONTRACTOR's program costs as set forth in Exhibit C.

25 The maximum amount to be paid to CONTRACTOR by COUNTY under this Agreement for the  
26 following twelve (12) month period, (July 1, 2023 through June 30, 2024), shall not exceed Six Hundred  
27 Thirty-Nine Thousand, Sixty-Six and No/100 Dollars (\$639,066.00). This is comprised of the following  
28 funding streams: Three Hundred-Eight Thousand and No/100 Dollars (\$308,000.00) in PATH Grant funds,

1 One Hundred Seventy-Two Thousand, Five Hundred Thirty-Three and No/100 Dollars (\$172,533.00) in  
2 local MHSA funds, One Hundred Fifty-Seven Thousand, Five Hundred Thirty-One and No/100 Dollars in  
3 FFP (\$157,531.00), and One Thousand-Two and No/100 Dollars (\$1,002.00) in Client Rents to offset the  
4 CONTRACTOR's program costs as set forth in Exhibit C.

5 The maximum amount to be paid to CONTRACTOR by COUNTY under this Agreement for the  
6 following twelve (12) month period, (July 1, 2024 through June 30, 2025), shall not exceed Six Hundred  
7 Thirty-Nine Thousand, Sixty-Six and No/100 Dollars (\$639,066.00). This is comprised of the following  
8 funding streams: Three Hundred-Eight Thousand and No/100 Dollars (\$308,000.00) in PATH Grant funds,  
9 One Hundred Seventy-Two Thousand, Five Hundred Thirty-Three and No/100 Dollars (\$172,533.00) in  
10 local MHSA funds, One Hundred Fifty-Seven Thousand, Five Hundred Thirty-One and No/100 Dollars in  
11 FFP (\$157,531.00), and One Thousand-Two and No/100 Dollars (\$1,002.00) in Client Rents to offset the  
12 CONTRACTOR's program costs as set forth in Exhibit C.

13 The maximum amount to be paid to CONTRACTOR by COUNTY under this Agreement for the  
14 following twelve (12) month period, (July 1, 2025 through June 30, 2026), shall not exceed Six Hundred  
15 Thirty-Nine Thousand, Sixty-Six and No/100 Dollars (\$639,066.00). This is comprised of the following  
16 funding streams: Three Hundred-Eight Thousand and No/100 Dollars (\$308,000.00) in PATH Grant funds,  
17 One Hundred Seventy-Two Thousand, Five Hundred Thirty-Three and No/100 Dollars (\$172,533.00) in  
18 local MHSA funds, One Hundred Fifty-Seven Thousand, Five Hundred Thirty-One and No/100 Dollars in  
19 FFP (\$157,531.00), and One Thousand-Two and No/100 Dollars (\$1,002.00) in Client Rents to offset the  
20 CONTRACTOR's program costs as set forth in Exhibit C.

21 In no event shall services performed under this Agreement be in excess of Three Million, Two  
22 Hundred Twenty-Seven Thousand, Five Hundred Thirty-Six and No/100 Dollars (\$3,227,536.00) during the  
23 term of this Agreement. It is understood that all expenses incidental to CONTRACTOR'S performance of  
24 services under this Agreement shall be borne by CONTRACTOR.

25 It is understood by COUNTY and CONTRACTOR that any Medi-Cal FFP above the amounts stated  
26 herein will be used to directly offset COUNTY's contribution of PATH grant and MHSA funds as identified in  
27 Exhibit C, and may be used to expand program services to clients and/or increase client program capacity  
28 with the written approval of COUNTY's DBH Director. The offset of funds will also be clearly identified in

1 monthly invoices received from CONTRACTOR as further described in Section Five (5) of this Agreement.

2 If CONTRACTOR fails to generate the Medi-Cal revenue and/or client rent payment amounts set  
3 forth in Exhibit C, COUNTY shall not be obligated to pay the difference between these estimated amounts  
4 and the actual amounts generated.

5 Prior to March 1st of each contract year, CONTRACTOR may provide to COUNTY's DBH an  
6 updated budget and budget narrative in the format identified in Exhibit C for the upcoming twelve (12)  
7 month period. Each budget shall require justification by the CONTRACTOR, and written approval of  
8 COUNTY's DBH Director or designee, prior to April 1st for the upcoming twelve (12) month period covered  
9 by said budget. An approved updated budget and budget narrative shall become part of this Agreement  
10 upon written approval of COUNTY's DBH Director or designee. If said budget is not received by the March  
11 1st due date, the budget for the upcoming twelve (12) month period will remain at the prior year's funding  
12 level. The amount of said approved budget shall not exceed the maximum compensation for the current  
13 Agreement period.

14 Travel shall be reimbursed based on actual expenditures and mileage reimbursement shall be at  
15 CONTRACTOR's adopted rate per mile, not to exceed the Federal Internal Revenue Services (IRS)  
16 published rate.

17 If CONTRACTOR fails to comply with any provision of this Agreement, COUNTY shall be relieved  
18 of its obligation for further compensation.

19 Payments shall be made by COUNTY to CONTRACTOR in arrears for services provided during the  
20 preceding month, within forty-five (45) days after the date of receipt and approval by COUNTY of the  
21 monthly invoicing as described in Section Five (5) herein. Payments shall be made after receipt and  
22 verification of actual expenditures incurred by CONTRACTOR for monthly program costs, as identified in  
23 Exhibit C, in the performance of this Agreement and shall be documented to COUNTY on a monthly basis  
24 by the tenth (10th) of the month following the month of said expenditures.

25 COUNTY shall not be obligated to make any payments under this Agreement if the request for  
26 payment is received by COUNTY more than sixty (60) days after this Agreement has terminated or expired.

27 All final invoices and/or any final budget modification requests shall be submitted by  
28 CONTRACTOR within sixty (60) days following the final month of service for which payment is claimed. No

1 action shall be taken by COUNTY on invoices submitted beyond the sixty (60) day closeout period. Any  
2 compensation which is not expended by CONTRACTOR pursuant to the terms and conditions of this  
3 Agreement shall automatically revert to COUNTY.

4 The services provided by CONTRACTOR under this Agreement are funded in whole or in part by  
5 the State of California. In the event that funding for these services is delayed by the State Controller,  
6 COUNTY may defer payments to CONTRACTOR. The amount of the deferred payment shall not exceed  
7 the amount of funding delayed by the State Controller to the COUNTY. The period of time of the deferral  
8 by COUNTY shall not exceed the period of time of the State Controller's delay of payment to COUNTY plus  
9 forty-five (45) days.

10 CONTRACTOR shall be held financially liable for any and all future disallowances/audit exceptions  
11 due to CONTRACTOR deficiency discovered through the State audit process and COUNTY utilization  
12 review during the course of this Agreement. At COUNTY's election, the disallowed amount will be remitted  
13 within forty-five (45) days to COUNTY upon notification or shall be withheld from subsequent payments to  
14 CONTRACTOR. CONTRACTOR shall not receive reimbursement for any units of services rendered that  
15 are disallowed or denied by the COUNTY's DBH utilization review process or through the State Department  
16 of Health Care Services (DHCS) cost report audit settlement process for Medi-Cal eligible clients.  
17 Notwithstanding the above, COUNTY must notify CONTRACTOR prior to any State audit process and/or  
18 COUNTY utilization review. To the extent allowable by law, CONTRACTOR shall have the right to be  
19 present during each phase of any State audit process and/or COUNTY utilization review and shall be  
20 provided all documentation related to each phase of any State audit process and/or COUNTY utilization  
21 review. Additionally, prior to any disallowances/audit exceptions becoming final, CONTRACTOR shall be  
22 given at least ten (10) business days to respond to such proposed disallowances/audit exceptions.

23 It is understood by CONTRACTOR and COUNTY that this Agreement is funded with PATH grant,  
24 HHAP grant, MHSA funds, Medi-Call FFP, and client rents funds to serve adults, many of whom have  
25 mental health and co-occurring substance use disorders. It is further understood by CONTRACTOR and  
26 COUNTY that funds shall be used to support appropriately integrated and documented treatment services  
27 for co-occurring mental health and substance use disorders and that integrated services can be  
28 documented in assessments, interventions, and program notes documenting linkages and services.

1           5. INVOICING

2           CONTRACTOR shall invoice COUNTY in arrears by the tenth (10<sup>th</sup>) day of each month for actual  
3 expenses incurred during the prior month electronically to: 1) [dbhinvoicereview@fresnocountyca.gov](mailto:dbhinvoicereview@fresnocountyca.gov), 2)  
4 [dbh-invoices@fresnocountyca.gov](mailto:dbh-invoices@fresnocountyca.gov); and 3) [dbhcontractedservicesdivision@fresnocountyca.gov](mailto:dbhcontractedservicesdivision@fresnocountyca.gov) with a copy  
5 to the assigned COUNTY's DBH Staff Analyst. After CONTRACTOR renders service to referred clients,  
6 CONTRACTOR shall invoice COUNTY for payment, certify the expenditure, and submit electronic claiming  
7 data into COUNTY's electronic information system for all clients, including those eligible for Medi-Cal as  
8 well as those that are not eligible for Medi-Cal. Invoices and reports shall be in such detail as acceptable to  
9 COUNTY's DBH, as described herein and in Section Fourteen (14) of this Agreement. Billing information  
10 must include the client's name, client ID number, date of service, type of mental health service provided,  
11 duration of service, client's International Classification of Diseases (ICD) diagnosis, service provider name,  
12 units of service provided, rate of service provided, and actual amount of service. No reimbursement for  
13 costs incurred by CONTRACTOR for services delivered under this Agreement shall be made until the  
14 invoice and supporting documentation is received, verified, and approved by COUNTY's DBH. COUNTY  
15 must pay CONTRACTOR before submitting a claim to DHCS for Federal reimbursement for Medi-Cal  
16 eligible clients.

17           If CONTRACTOR chooses to utilize the COUNTY's electronic health record system (currently  
18 AVATAR, the preferred EHR system by DBH) method as their own full electronic health records system,  
19 COUNTY's DBH shall invoice CONTRACTOR in arrears by the fifth (5th) day of each month for the prior  
20 month's hosting fee for access to the COUNTY's electronic information system. COUNTY shall invoice  
21 CONTRACTOR annually for the annual maintenance and licensing fee for access to the COUNTY's  
22 electronic information system. COUNTY shall invoice CONTRACTOR annually for the Reaching Recovery  
23 fee, as applicable, for access to the COUNTY's electronic information system. CONTRACTOR shall  
24 provide payment for these expenditures to COUNTY's Fresno County Department of Behavioral Health,  
25 Accounts Receivable, P.O. Box 712, Fresno, CA 93717-0712, Attention: Business Office, within forty-five  
26 (45) days after the date of receipt by CONTRACTOR of the invoicing provided by COUNTY.

27           At the discretion of COUNTY's DBH Director or designee, if an invoice is incorrect or is otherwise not  
28 in proper form or substance, COUNTY's DBH Director or designee, shall have the right to withhold payment



1 as to only that portion of the invoice that is incorrect or improper after five (5) days prior notice to  
2 CONTRACTOR. CONTRACTOR agrees to continue to provide services for a period of ninety (90) days  
3 after notification of an incorrect or improper invoice. If after the ninety (90) day period, the invoice is still not  
4 corrected to COUNTY DBH's satisfaction, COUNTY's DBH Director or designee, may elect to terminate  
5 this Agreement, pursuant to the termination provisions stated in Section Three (3) of this Agreement. In  
6 addition, for invoices received ninety (90) days after the expiration of each term of this Agreement or  
7 termination of this Agreement, at the discretion of COUNTY's DBH Director or designee, COUNTY's DBH  
8 shall have the right to deny payment of any additional invoices received.

9 CONTRACTOR shall submit monthly invoices and general ledgers to COUNTY's DBH that itemize  
10 the line item charges for monthly program costs. Unallowable costs such as lobbying or political donations  
11 must be deducted from the monthly invoice reimbursements. The invoices and general ledgers will serve  
12 as tracking tools to determine if CONTRACTOR's program costs are in accordance with its budgeted cost.  
13 Failure to submit reports and other supporting documentation shall be deemed sufficient cause for  
14 COUNTY to withhold payments until there is compliance, as further described in Section Five (5) herein.

15 CONTRACTOR must report all third party collections from other funding sources for Medicare,  
16 private insurance, client private pay or any other third party. Monthly invoices for reimbursement must  
17 equal the amount due CONTRACTOR less any funding sources not eligible for Federal reimbursement and  
18 any other revenues generated by CONTRACTOR (i.e., private insurance, etc.).

19 CONTRACTOR shall submit monthly staffing reports that identify all direct service and support staff,  
20 applicable licensure/certifications, and full time hours worked to be used as a tracking tool to determine if  
21 CONTRACTOR's program is staffed according to the services provided under this Agreement.

22 CONTRACTOR must maintain financial records for a period of seven (7) years or until any dispute,  
23 audit or inspection is resolved, whichever is later. CONTRACTOR will be responsible for any  
24 disallowances related to inadequate documentation.

25 CONTRACTOR is responsible for collecting and managing of data in a manner to be determined by  
26 DHCS and COUNTY's DBH in accordance with applicable rules and regulations. COUNTY's electronic  
27 information system is a critical source of information for purposes of monitoring service volume and  
28 obtaining reimbursement. CONTRACTOR must attend the COUNTY's DBH training on equipment

1 reporting for assets, intangible and sensitive minor assets, COUNTY's electronic information system, and  
2 related cost reporting.

3 CONTRACTOR shall submit service data into COUNTY's electronic information system within thirty  
4 (30) calendar days from the date of services were rendered.

5 CONTRACTOR must provide all necessary data to allow COUNTY to bill Medi-Cal, and any other  
6 third-party source, for services and meet State and Federal reporting requirements. The necessary data  
7 can be provided by a variety of means, including but not limited to: 1) direct data entry into COUNTY's  
8 electronic information system; 2) providing an electronic file compatible with COUNTY's electronic  
9 information system; or 3) integration between COUNTY's electronic information system and  
10 CONTRACTOR's information system(s).

11 If a client has dual coverage, such as other health coverage (OHC) or Federal Medicare,  
12 CONTRACTOR will be responsible for billing the carrier and obtaining a payment/denial or have validation  
13 of claiming with no response ninety (90) days after the claim was mailed before the service can be entered  
14 into COUNTY's electronic information system. CONTRACTOR must report all third-party collections or  
15 revenue for Medicare, third party, client pay, or private pay in each monthly invoice and in the annual cost  
16 report that is required to be submitted. A copy of explanation of benefits or CMS 1500 form is required as  
17 documentation. CONTRACTOR shall submit monthly invoices for reimbursement that equal the amount  
18 due CONTRACTOR less any funding sources not eligible for Federal and State reimbursement.  
19 CONTRACTOR must comply with all laws and regulations governing the Federal Medicare program,  
20 including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C. section 1395 et seq; and 2)  
21 the regulation and rules promulgated by the Federal Centers for Medicare and Medicaid Services as they  
22 relate to participation, coverage and claiming reimbursement. CONTRACTOR will be responsible for  
23 compliance as of the effective date of each Federal, State or local law or regulation specified.

24 Data entry into the COUNTY's electronic information system shall be the responsibility of  
25 CONTRACTOR. COUNTY shall monitor the volume of services and cost of services entered into  
26 COUNTY's electronic information system. Any and all audit exceptions resulting from the provision and  
27 reporting of specialty mental health services by CONTRACTOR shall be the sole responsibility of  
28 CONTRACTOR. CONTRACTOR will comply with all applicable policies, procedures, directives and

1 guidelines regarding the use of COUNTY's electronic information system.

2 Medi-Cal and Mental Health Plan Compliance

3 CONTRACTOR shall establish and maintain Medi-Cal certification or become certified within ninety  
4 (90) days of the execution of this Agreement through COUNTY's DBH. In addition, CONTRACTOR shall  
5 work with COUNTY's DBH to execute the process if not currently certified by COUNTY for credentialing of  
6 staff. Service location must be approved by COUNTY's DBH during the Medi-Cal certification process.  
7 During this process, the CONTRACTOR shall obtain a legal entity number established by DHCS as this is a  
8 requirement for maintaining COUNTY's MHP Organizational Provider status throughout the term of this  
9 Agreement. CONTRACTOR shall become Medi-Cal certified prior to providing services to Medi-Cal eligible  
10 clients and seeking reimbursement from the COUNTY. CONTRACTOR will not be reimbursed by COUNTY  
11 for any services rendered prior to Medi-Cal certification. CONTRACTOR shall comply with any and all  
12 requests and directives associated with COUNTY maintaining State Medi-Cal site certification.

13 CONTRACTOR shall provide specialty mental health services in accordance with COUNTY's MHP.  
14 CONTRACTOR must comply with the "Fresno County Mental Health Plan Compliance Program and Code  
15 of Conduct" set forth in Exhibit D, attached hereto and incorporated herein by reference and made part of  
16 this Agreement.

17 CONTRACTOR may provide direct specialty mental health services using unlicensed staff as long  
18 as the CONTRACTOR is approved as an Organizational Provider by the COUNTY's MHP and the  
19 individual is supervised by licensed staff who meet the Board of Behavioral Sciences requirements for  
20 supervision, works within his/her scope, and only delivers allowable direct specialty mental health services.  
21 Unlicensed staff must also be credentialed by COUNTY's MHP.

22 It is understood that each service is subject to audit for compliance with Federal and State  
23 regulations, and that COUNTY may be making payments in advance of said review. In the event that a  
24 service is disapproved, COUNTY may, at its sole discretion, withhold compensation or set off from other  
25 payments due the amount of said disapproved services. CONTRACTOR shall be responsible for audit  
26 exceptions to ineligible dates of services or incorrect application of utilization review requirements.  
27 CONTRACTOR shall comply with any and all requests associated with any State and/or Federal reviews or  
28 audits.

1           6. INDEPENDENT CONTRACTOR:

2           In performance of the work, duties and obligations assumed by CONTRACTOR under this  
3 Agreement, it is mutually understood and agreed that CONTRACTOR, including any and all of the  
4 CONTRACTOR'S officers, agents, and employees will at all times be acting and performing as an  
5 independent contractor, and shall act in an independent capacity and not as an officer, agent, servant,  
6 employee, joint venturer, partner, or associate of the COUNTY. Furthermore, COUNTY shall have no right  
7 to control or supervise or direct the manner or method by which CONTRACTOR shall perform its work and  
8 function. However, COUNTY shall retain the right to administer this Agreement so as to verify that  
9 CONTRACTOR is performing its obligations in accordance with the terms and conditions thereof.

10           CONTRACTOR and COUNTY shall comply with all applicable provisions of law and the rules and  
11 regulations, if any, of governmental authorities having jurisdiction over matters the subject thereof.

12           Because of its status as an independent contractor, CONTRACTOR shall have absolutely no right  
13 to employment rights and benefits available to COUNTY employees. CONTRACTOR shall be solely liable  
14 and responsible for providing to, or on behalf of, its employees all legally-required employee benefits. In  
15 addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all matters relating  
16 to payment of CONTRACTOR'S employees, including compliance with Social Security withholding and all  
17 other regulations governing such matters. It is acknowledged that during the term of this Agreement,  
18 CONTRACTOR may be providing services to others unrelated to the COUNTY or to this Agreement.

19           7. MODIFICATION

20           Any matters of this Agreement may be modified from time to time by the written consent of all the  
21 parties without, in any way, affecting the remainder.

22           Notwithstanding the above, changes to staffing, services, and responsibilities of the  
23 CONTRACTOR, as needed, to accommodate changes in the laws relating to mental health treatment, as  
24 set forth in Exhibit C, may be made with the signed written approval of COUNTY's DBH Director or  
25 designee CONTRACTOR through an amendment approved by COUNTY's Counsel and the COUNTY's  
26 Auditor-Controller/Treasurer-Tax Collector's Office.

27           In addition, changes to expense category (i.e., Salary & Benefits, Facilities/Equipment, Operating,  
28 Financial Services, Special Expenses, Fixed Assets, etc.) subtotals in the individual program budgets, and

1 changes to the volume of units of service/types of service units to be provided as set forth in Exhibit C, that  
2 do not exceed ten percent (10%) of the maximum compensation payable to CONTRACTOR, may be made  
3 with the written approval of COUNTY's DBH Director or designee.

4 Modifications shall not result in any change to the maximum compensation amounts payable to  
5 CONTRACTOR, as stated in this Agreement

6 8. NON-ASSIGNMENT

7 No party shall assign, transfer or sub-contract this Agreement nor their rights or duties under this  
8 Agreement without the prior written consent of COUNTY.

9 9. HOLD HARMLESS

10 CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY'S request, defend the  
11 COUNTY, its officers, agents, and employees from any and all costs and expenses (including attorney's  
12 fees and costs), damages, liabilities, claims, and losses occurring or resulting to COUNTY in connection  
13 with the performance, or failure to perform, by CONTRACTOR, its officers, agents, or employees under this  
14 Agreement, and from any and all costs and expenses (including attorney's fees and costs), damages,  
15 liabilities, claims, and losses occurring or resulting to any person, firm, or corporation who may be injured  
16 or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents, or  
17 employees under this Agreement.

18 CONTRACTOR agrees to indemnify COUNTY for Federal, State of California and/or local audit  
19 exceptions resulting from noncompliance herein on the part of CONTRACTOR.

20 10. INSURANCE

21 Without limiting the COUNTY's right to obtain indemnification from CONTRACTOR or any third  
22 parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect, the following insurance  
23 policies or a program of self-insurance, including but not limited to, an insurance pooling arrangement or  
24 Joint Powers Agreement (JPA) throughout the term of the Agreement:

25 A. Commercial General Liability

26 Commercial General Liability Insurance with limits of not less than Two Million Dollars  
27 (\$2,000,000.00) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000.00). This  
28 policy shall be issued on a per occurrence basis. COUNTY may require specific coverages including

1 completed operations, products liability, contractual liability, Explosion-Collapse-Underground, fire legal  
2 liability or any other liability insurance deemed necessary because of the nature of this contract.

3 B. Automobile Liability

4 Comprehensive Automobile Liability Insurance with limits of not less than Two Million Dollars  
5 (\$2,000,000.00) per accident for bodily injury and for property damages. Coverage should include any auto  
6 used in connection with this Agreement.

7 C. Professional Liability

8 If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N., L.C.S.W., M.F.C.C.) in  
9 providing services, Professional Liability Insurance with limits of not less than One Million Dollars  
10 (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate.

11 D. Worker's Compensation

12 A policy of Worker's Compensation insurance as may be required by the California Labor Code.

13 E. Sexual Abuse / Molestation Liability

14 Sexual abuse / molestation liability insurance with limits of not less than One Million Dollars  
15 (\$1,000,000.00) per occurrence, Two Million Dollars (\$2,000,000.00) annual aggregate. This policy shall  
16 be issued on a per occurrence basis.

17 In the event, the CONTRACTOR purchases an Umbrella or Excess insurance policy(ies) to meet  
18 the "Minimum Limits of Insurance," this insurance policy(ies) shall "follow form" and afford no less  
19 coverage than the primary insurance policy(ies). In addition, such Umbrella or Excess insurance  
20 policy(ies) shall also apply on a primary and non-contributory basis for the benefit of the COUNTY, its  
21 officers, officials, employees, agents and volunteers.

22 F. Real and Personal Property

23 CONTRACTOR shall maintain a policy of insurance for all risk personal property coverage which  
24 shall be endorsed naming the County of Fresno as an additional loss payee. The personal property  
25 coverage shall be in an amount that will cover the total of the County purchased and owned property, at  
26 a minimum, as discussed in Section Twenty (20) of this Agreement.

1 G. All Risk Personal Property

2 CONTRACTOR will provide property coverage for the full replacement value of the County's  
3 Personal Property in the possession of Contractor and/or used in the execution of this agreement.  
4 County will be identified on an appropriate certificate of insurance as the certificate holder and will be  
5 named as an Additional Loss Payee on the Property Insurance Policy.

6 Additional Requirements Relating to Insurance

7 CONTRACTOR shall obtain endorsements to the Commercial General Liability insurance naming  
8 the County of Fresno, its officers, agents, and employees, individually and collectively, as additional  
9 insured, but only insofar as the operations under this Agreement are concerned. Such coverage for  
10 additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained  
11 by COUNTY, its officers, agents and employees shall be excess only and not contributing with insurance  
12 provided under CONTRACTOR's policies herein. This insurance shall not be cancelled or changed without  
13 a minimum of thirty (30) days advance written notice given to COUNTY.

14 CONTRACTOR hereby waives its right to recover from COUNTY, its officers, agents, and  
15 employees any amounts paid by the policy of worker's compensation insurance required by this  
16 Agreement. CONTRACTOR is solely responsible to obtain any endorsement to such policy that may be  
17 necessary to accomplish such waiver of subrogation, but CONTRACTOR's waiver of subrogation under  
18 this paragraph is effective whether or not CONTRACTOR obtains such an endorsement.

19 Within Thirty (30) days from the date CONTRACTOR signs and executes this Agreement,  
20 CONTRACTOR shall provide certificates of insurance and endorsement as stated above for all of the  
21 foregoing policies, as required herein, to the County of Fresno, (Name and Address of the official who will  
22 administer this contract or electronically to [dbhcontractedservicesdivision@fresnocountyca.gov](mailto:dbhcontractedservicesdivision@fresnocountyca.gov) with a copy  
23 to the assigned COUNTY's DBH Staff Analyst), stating that such insurance coverages have been obtained  
24 and are in full force; that the County of Fresno, its officers, agents and employees will not be responsible for  
25 any premiums on the policies; that such Commercial General Liability insurance names the County of  
26 Fresno, its officers, agents and employees, individually and collectively, as additional insured, but only  
27 insofar as the operations under this Agreement are concerned; that such coverage for additional insured  
28 shall apply as primary insurance and any other insurance, or self-insurance, maintained by COUNTY, its

1 officers, agents and employees, shall be excess only and not contributing with insurance provided under  
2 CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed without a  
3 minimum of thirty (30) days advance, written notice given to COUNTY.

4 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein  
5 provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate this  
6 Agreement upon the occurrence of such event.

7 All policies shall be issued by admitted insurers licensed to do business in the State of California,  
8 and such insurance shall be purchased from companies possessing a current A.M. Best, Inc. rating of A  
9 FSC VII or better.

#### 10 11. LICENSES/CERTIFICATES

11 Throughout each term of this Agreement, CONTRACTOR and CONTRACTOR's staff shall  
12 maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions necessary for the  
13 provision of the services hereunder and required by the laws and regulations of the United States of  
14 America, State of California, the County of Fresno, and any other applicable governmental agencies.  
15 CONTRACTOR shall notify COUNTY immediately in writing of its inability to obtain or maintain such  
16 licenses, permits, approvals, certificates, waivers and exemptions irrespective of the pendency of any  
17 appeal related thereto. Additionally, CONTRACTOR and CONTRACTOR's staff shall comply with all  
18 applicable laws, rules or regulations, as may now exist or be hereafter changed.

#### 19 12. RECORDS

20 CONTRACTOR shall maintain its records in COUNTY's EHR system (currently Avatar) in  
21 accordance with Exhibit E, "Documentation Standards for Client Records," attached hereto and  
22 incorporated herein by reference and made part of this Agreement. The client record shall begin with  
23 registration and intake and include client authorizations, assessments, plans of care, and progress notes,  
24 as well as other documents as approved by the COUNTY's DBH. COUNTY shall be allowed to review  
25 records of services provided, including the goals and objectives of the treatment plan, and how the therapy  
26 provided is achieving the goals and objectives. If CONTRACTOR determines to maintain its records in  
27 COUNTY's EHR system, it shall provide COUNTY's DBH Director, or designee, with a thirty (30) day  
28 notice. If at any time CONTRACTOR chooses not to maintain its records in COUNTY's EHR system, it



1 shall provide COUNTY'S DBH Director, or designee, with a thirty (30) day notice and CONTRACTOR will  
2 be responsible for obtaining its own system, at its own cost, for Electronic Health Record management.  
3 Disclaimer – COUNTY makes no warranty or representation that information entered into the COUNTY's  
4 EHR system by CONTRACTOR will be accurate, adequate or satisfactory for CONTRACTOR's own  
5 purposes or that any information in CONTRACTOR's possession or control, or transmitted or received by  
6 CONTRACTOR, is or will be secure from unauthorized access, viewing, use, disclosure, or breach.  
7 CONTRACTOR is solely responsible for client information entered by CONTRACTOR into the COUNTY's  
8 EHR system. CONTRACTOR agrees that all Private Health Information (PHI) maintained by  
9 CONTRACTOR in COUNTY's EHR system will be maintained in conformance with all Health Insurance  
10 Portability and Accountability Act (HIPAA) laws, as stated in Section Eighteen (18), "Health Insurance  
11 Portability and Accountability Act".

12 COUNTY shall be allowed to review all records of services provided, including the goals and  
13 objectives of the treatment plan, and how the therapy provided is achieving the goals and objectives. All  
14 mental health records shall be considered the property of the COUNTY and shall be retained by the  
15 COUNTY upon termination or expiration of this Agreement.

### 16 13. REPORTS

#### 17 A. Outcome Reports

18 CONTRACTOR shall submit to COUNTY's DBH service outcome reports as requested by  
19 COUNTY's DBH. Outcome reports and outcome requirements are subject to change at COUNTY's  
20 DBH discretion.

21 CONTRACTOR shall submit to COUNTY's designated Staff Analyst, quarterly and annual  
22 reports detailing the status of meeting objectives as stated and described in Exhibit F, attached hereto  
23 and incorporated herein by reference. COUNTY will require an explanation of any deviation greater than  
24 10% from the stated objective.

#### 25 B. PATH Annual Report

26 COUNTY is responsible for providing an annual report to the State which will describe and  
27 evaluate the PATH program for essential planning purposes, maintaining program accountability, and  
28 monitoring. Therefore, CONTRACTOR is required to submit to the COUNTY's DBH Director or

1 Designee data in accordance with Exhibit G, "PATH PDX Annual Report," attached hereto and  
2 incorporated herein by reference.

3 C. Additional Reports

4 CONTRACTOR shall also furnish to COUNTY such statements, records, reports, data, and other  
5 information as COUNTY's DBH may request pertaining to matters covered by this Agreement. In the  
6 event that CONTRACTOR fails to provide such reports or other information required hereunder, it shall  
7 be deemed sufficient cause for COUNTY to withhold monthly payments until there is compliance. In  
8 addition, CONTRACTOR shall provide written notification and explanation to COUNTY within five (5)  
9 days of any funds received from another source to conduct the same services covered by this  
10 Agreement.

11 D. Cost Report

12 CONTRACTOR agrees to submit a complete and accurate detailed cost report on an annual  
13 basis for each fiscal year ending June 30th in the format prescribed by the DHCS for the purposes of  
14 Short Doyle Medi-Cal reimbursements and total costs for programs. The cost report will be the source  
15 document for several phases of settlement with the DHCS for the purposes of Short Doyle Medi-Cal  
16 reimbursement. CONTRACTOR shall report costs under their approved legal entity number established  
17 during the Medi-Cal certification process. The information provided applies to CONTRACTOR for  
18 program related costs for services rendered to Medi-Cal and non-Medi-Cal clients. CONTRACTOR will  
19 remit a schedule to provide the required information on published charges (PC) for all authorized  
20 services. The report will serve as a source document to determine their usual and customary charge  
21 prevalent in the public mental health sector that is used to bill the general public, insurers, or other non-  
22 Medi-Cal third party payers during the course of business operations. CONTRACTOR must report all  
23 collections for Medi-Cal/Medicare services and collections. The CONTRACTOR shall also submit with  
24 the cost report a copy of the CONTRACTOR's general ledger that supports revenues and expenditures  
25 and reconciled detailed report of reported total units of services rendered under this Agreement to the  
26 units of services reported by CONTRACTOR to COUNTY's electronic information system.

27 Cost Reports must be submitted to the COUNTY as a hard copy with a signed cover letter and  
28 electronic copy of completed DHCS cost report form along with requested support documents following

1 each fiscal year ending June 30th. During the month of September of each year this Agreement is  
2 effective, COUNTY will issue instructions of the annual cost report which indicates the training session,  
3 DHCS cost report template worksheets, and deadlines to submit, as determined by State DHCS  
4 annually. CONTRACTOR shall remit a hard copy of cost report to County of Fresno, Attention: Cost  
5 Report Team, PO BOX 45003, Fresno CA 93718. CONTRACTOR shall remit the electronic copy or any  
6 inquiries to DBHcostreportteam@fresnocountyca.gov.

7 All Cost Reports must be prepared in accordance with General Accepted Accounting Principles  
8 (GAAP) and Welfare and Institutions Code §§ 5651(a)(4), 5664(a), 5705(b)(3) and 5718(c).

9 Unallowable costs such as lobby or political donations must be deducted on the cost report and invoice  
10 reimbursement.

11 If the CONTRACTOR does not submit the cost report by the deadline, including any extension  
12 period granted by the COUNTY, the COUNTY may withhold payments of pending invoicing under  
13 compensation until the cost report has been submitted and clears COUNTY desk audit for  
14 completeness.

15 E. Settlements with State Department of Health Care Services (DHCS)

16 During the term of this Agreement and thereafter, COUNTY and CONTRACTOR agree to settle  
17 dollar amounts disallowed or settled in accordance with DHCS audit settlement findings related to the  
18 reimbursement provided under this Agreement. CONTRACTOR will participate in the several phases of  
19 settlements between COUNTY/CONTRACTOR and DHCS. The phases of initial cost reporting for  
20 settlement according to State reconciliation of records for paid Medi-Cal services and audit settlement  
21 are: State DHCS audit 1) initial cost reporting – after an internal review by COUNTY, the COUNTY files  
22 the cost report with State DHCS on behalf of CONTRACTOR’s legal entity for the fiscal year; 2)  
23 Settlement – State reconciliation of records for paid Medi-Cal services, approximately 18 to 36 months  
24 following the State close of the fiscal year, DHCS will send notice for any settlement under this provision  
25 to COUNTY; and 3) Audit Settlement-State DHCS audit. After final reconciliation and settlement DHCS  
26 may conduct a review of medical records, cost report along with support documents submitted to  
27 COUNTY in initial submission to determine accuracy and may disallow costs and/or units of services.  
28 COUNTY may choose to appeal and therefore reserves the right to defer payback settlement with

1 CONTRACTOR until resolution of the appeal. DHCS Audits will follow Federal Medicaid procedures for  
2 managing overpayments.

3 If at the end of the Audit Settlement, COUNTY determines that it overpaid CONTRACTOR, it will  
4 require CONTRACTOR to repay the Medi-Cal related overpayment back to COUNTY. Funds owed to  
5 COUNTY will be due within forty-five (45) days of notification by COUNTY, or COUNTY shall withhold  
6 future payments until all excess funds have been recouped by means of an offset against any payments  
7 then or thereafter owing to COUNTY under this or any other Agreement between the COUNTY and  
8 CONTRACTOR.

#### 9 14. MONITORING

10 CONTRACTOR agrees to extend to COUNTY's staff, COUNTY's DBH Director, and the State  
11 Department of Health Care Services or their designees, the right to review and monitor records,  
12 services, or procedures, at any time, in regard to clients, as well as the overall operation of  
13 CONTRACTOR's performance, in order to ensure compliance with the terms and conditions of this  
14 Agreement.

#### 15 15. REFERENCES TO LAWS AND RULES

16 In the event any law, regulation, or policy referred to in this Agreement is amended during the  
17 term thereof, the parties hereto agree to comply with the amended provision as of the effective date of  
18 such amendment.

#### 19 16. COMPLIANCE WITH STATE REQUIREMENTS

20 CONTRACTOR recognizes that COUNTY operates its mental health programs under an  
21 agreement with the State of California Department Health Care Services, and that under said agreement  
22 the State imposes certain requirements on COUNTY and its subcontractors. CONTRACTOR shall adhere  
23 to all State requirements, including those identified in Exhibit H, "State Mental Health Requirements",  
24 attached hereto and by this reference incorporated herein and made part of this Agreement.

#### 25 17. COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

26 CONTRACTOR shall be required to maintain organizational provider certification by COUNTY.  
27 CONTRACTOR must meet Medi-Cal organization provider standards as listed in Exhibit I, "Compliance  
28 with State Medi-Cal Requirements", attached hereto and by this reference incorporated herein and made

1 part of this Agreement. It is acknowledged that all references to Organizational Provider and/or Provider in  
2 Exhibit G/I shall refer to CONTRACTOR.

3 CONTRACTOR shall inform every client of their rights under the COUNTY's Mental Health Plan as  
4 described in Exhibit J, "Mental Health Plan Grievances and Appeals Process", attached hereto and by this  
5 reference incorporated herein and made part of this Agreement.

6 CONTRACTOR shall also file an incident report for all incidents involving clients, following the  
7 COUNTY's DBH "Incident Reporting and Intensive Analysis" policy and procedure guide and using the  
8 "Incident Report" protocol and user guide identified in Exhibit K, attached hereto and by this reference  
9 incorporated herein and made part of this Agreement.

10 18. CONFIDENTIALITY

11 All services performed by CONTRACTOR under this Agreement shall be in strict conformance with  
12 all applicable Federal, State of California and/or local laws and regulations relating to confidentiality.

13 19. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

14 COUNTY and CONTRACTOR each consider and represent themselves as covered entities as  
15 defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191  
16 (HIPAA) and agree to use and disclose Protected Health Information (PHI) as required by law.

17 COUNTY and CONTRACTOR acknowledge that the exchange of PHI between them is only for  
18 treatment, payment, and health care operations.

19 COUNTY and CONTRACTOR intend to protect the privacy and provide for the security of PHI  
20 pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for Economic and  
21 Clinical Health Act, Public Law 111-005 (HITECH), and regulations promulgated thereunder by the U.S.  
22 Department of Health and Human Services (HIPAA Regulations) and other applicable laws. As part of the  
23 HIPAA Regulations, the Privacy Rule and the Security Rule require CONTRACTOR to enter into a contract  
24 containing specific requirements prior to the disclosure of PHI, as set forth in, but not limited to, Title 45,  
25 Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations.

26 20. DATA SECURITY

27 For the purpose of preventing the potential loss, misappropriation or inadvertent access, viewing,  
28 use or disclosure of COUNTY data including sensitive or personal client information; abuse of COUNTY

1 resources; and/or disruption to COUNTY operations, individuals and/or agencies that enter into a  
2 contractual relationship with COUNTY for the purpose of providing services under this Agreement must  
3 employ adequate data security measures to protect the confidential information provided to  
4 CONTRACTOR by COUNTY, including but not limited to the following:

5 A. CONTRACTOR-Owned Mobile, Wireless, or Handheld Devices

6 CONTRACTOR may not connect to COUNTY networks via personally-owned mobile, wireless or  
7 handheld devices, unless the following conditions are met:

- 8 1. CONTRACTOR has received authorization by COUNTY for telecommuting  
9 purposes;
- 10 2. Current virus protection software is in place;
- 11 3. Mobile device has the remote wipe feature enable; and
- 12 4. A secure connection is used.

13 B. CONTRACTOR-Owned Computers or Computer Peripherals

14 CONTRACTOR may not bring contractor-owned computers or computer peripherals into  
15 COUNTY for use without prior authorization from COUNTY's Chief Information Officer and/or  
16 designee(s), including but not limited to mobile storage devices. If data is approved to be transferred,  
17 data must be encrypted and stored on a secure server approved by COUNTY and transferred by means  
18 of a Virtual Private Network (VPN) connection, or another type of secure connection.

19 C. COUNTY-Owned Computer Equipment

20 CONTRACTOR may not use COUNTY computers or computer peripherals on non-County  
21 premises without prior authorization from COUNTY's Chief Information Officer and/or designee(s).

22 D. CONTRACTOR may not store COUNTY's private, confidential or sensitive data on any hard-disk  
23 drive, portable storage device, or remote storage installation unless encrypted.

24 E. CONTRACTOR shall be responsible to employ strict controls to ensure the integrity and security of  
25 COUNTY's confidential information and prevent unauthorized access, viewing, use, or disclosure of  
26 data maintained in computer files, program documentation, data processing systems, data files, and  
27 data processing equipment which stores or processes COUNTY data internally and externally.

28 F. Confidential client information transmitted to one party by the other by means of electronic

1 transmissions must be encrypted according to Advanced Encryption Standards (AES) of 128 BIT or  
2 higher. Additionally, a password or pass phrase must be utilized.

3 G. CONTRACTOR is responsible to immediately notify COUNTY of any violations, breaches or  
4 potential breaches of security related to COUNTY's confidential information, data maintained in  
5 computer files, program documentation, data processing systems, data files and data processing  
6 equipment which stores or processes COUNTY data internally or externally.

7 H. COUNTY shall provide oversight to CONTRACTOR's response to all incidents arising from a  
8 possible breach of security related to COUNTY's confidential client information provided to  
9 CONTRACTOR. CONTRACTOR will be responsible to issue any notification to affected individuals  
10 as required by law or as deemed necessary by COUNTY in its sole discretion. CONTRACTOR will  
11 be responsible for all costs incurred as a result of providing the required notification.

12 21. PROPERTY OF COUNTY

13 A. COUNTY and CONTRACTOR recognize that fixed assets are tangible and intangible  
14 property obtained or controlled under COUNTY for use in operational capacity and will  
15 benefit COUNTY for a period more than one year. Depreciation of the qualified items will  
16 be on a straight-line basis.

17 For COUNTY purposes, fixed assets must fulfill three (3) qualifications:

- 18 1. Have a life span of over one year;
- 19 2. Is not a repair part; and
- 20 3. Must be valued at or greater than the capitalization thresholds for the asset  
21 type.

<u>Asset Type</u>	<u>Threshold</u>
23 Land	\$0
24 Buildings and Improvements	\$100,000
25 Infrastructure	\$100,000
26 Tangible	\$5,000
27 - Equipment	
28 - Vehicles	

1	Intangible	\$100,000
2	- Internally Generated Software	
3	- Purchased Software	
4	- Easements	
5	- Patents	
6	Capital Lease	\$5,000

7 ///

8       Qualified fixed asset equipment is to be reported and approved by COUNTY. If it is approved  
9 and identified as an asset, it will be tagged with a COUNTY program number. A Fixed Asset Log,  
10 attached hereto as Exhibit L and by this reference incorporated herein and made part of this Agreement,  
11 will be maintained by COUNTY's Asset Management System and annually inventoried until the asset is  
12 fully depreciated. During the terms of this Agreement, CONTRACTOR's fixed assets may be  
13 inventoried in comparison to COUNTY's DBH Asset Inventory System.

14       Certain purchases less than Five Thousand and No/100 Dollars (\$5,000.00) but more than One  
15 Thousand and No/100 Dollars (\$1,000.00), with over one year life span, and/or are mobile and high risk  
16 of theft or loss are sensitive assets. Such sensitive items are not limited to computers, copiers,  
17 televisions, cameras and other sensitive items as determined by COUNTY's DBH Director or designee.  
18 CONTRACTOR will maintain a tracking system on the items on Exhibit L. Items are not required to be  
19 capitalized or depreciated and are subject to annual inventory for compliance.

20 ///

21 ///

22       B. Assets shall be retained by COUNTY, as COUNTY property, in the event this Agreement is  
23 terminated or upon expiration of this Agreement. CONTRACTOR agrees to participate in an annual  
24 inventory of all COUNTY fixed and inventoried assets. Upon termination or expiration of this  
25 Agreement, CONTRACTOR shall be physically present when fixed and inventoried assets are  
26 returned to COUNTY possession. CONTRACTOR is responsible for returning to COUNTY all  
27 COUNTY-owned undepreciated fixed and inventoried assets, or the monetary value of said assets  
28 if unable to produce the assets at the expiration or termination of this Agreement.



1 CONTRACTOR further agrees to the following:

- 2 1. Maintain all items of equipment in good working order and condition, normal  
3 wear and tear is expected;
- 4 2. Label all items of equipment with COUNTY assigned program number, perform  
5 periodic inventories as required by COUNTY, and maintain an inventory list showing  
6 where and how the equipment is being used, in accordance with procedures developed  
7 by COUNTY. All such lists shall be submitted to COUNTY within ten (10) days of any  
8 request therefore; and
- 9 3. Report in writing to COUNTY immediately after discovery, the loss or theft of  
10 any items of equipment. For stolen items, the local law enforcement agency must be  
11 contacted and a copy of the police report submitted to COUNTY.

12 C. The purchase of any equipment by CONTRACTOR with funds provided hereunder shall require the  
13 prior written approval of COUNTY's DBH, shall fulfill the provisions of this Agreement as  
14 appropriate, and must be directly related to CONTRACTORS services or activities under the terms  
15 of this Agreement. COUNTY's DBH may refuse reimbursement for any costs resulting from  
16 equipment purchased, which are incurred by CONTRACTOR, if prior written approval has not been  
17 obtained from COUNTY.

18 D. CONTRACTOR shall be the registered owner of two (2) vehicles, including equipped vans, and one  
19 (1) shower trailer purchased for the PATH Program in A-15-257 with the COUNTY as first  
20 lienholder. In the event of termination of this Agreement, COUNTY will immediately invoke the right  
21 to repossession of the vehicles and shower trailer, which were purchased through this Agreement,  
22 and CONTRACTOR shall cooperate with COUNTY, including but not limited to making vehicles  
23 available at 4551 E. Hamilton, Fresno, CA 93702 and immediately transferring title in the vehicles  
24 and shower trailer to COUNTY.

25 E. CONTRACTOR must obtain prior written approval from COUNTY's DBH whenever there is any  
26 modification or change in the use of any property acquired or improved, in whole or in part, using  
27 funds under this Agreement. If any real or personal property acquired or improved with said funds  
28 identified herein is sold and/or is utilized by CONTRACTOR for a use which does not qualify under

1 this Agreement, CONTRACTOR shall reimburse COUNTY in an amount equal to the current fair  
2 market value of the property, less any portion thereof attributable to expenditures of funds not  
3 provided under this Agreement. These requirements shall continue in effect for the life of the  
4 property. In the event this Agreement expires, or terminates, the requirements for this Section shall  
5 remain in effect for activities or property funded with said funds, unless action is taken by the State  
6 government to relieve COUNTY of these obligations.

7 **22. NON-DISCRIMINATION**

8 During the performance of this Agreement, CONTRACTOR and its subcontractors shall not deny  
9 the contract's benefits to any person on the basis of race, religious creed, color, national origin,  
10 ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex,  
11 gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor  
12 shall they discriminate unlawfully against any employee or applicant for employment because of race,  
13 religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition,  
14 genetic information, marital status, sex, gender identity, gender expression, age, sexual orientation, or  
15 military and veteran status.

16 CONTRACTOR shall ensure that the evaluation and treatment of employees and applicants for  
17 employment are free of such discrimination. CONTRACTOR and subcontractors shall comply with the  
18 provisions of the Fair Employment and Housing Act (Gov. Code §12800 et seq.), the regulations  
19 promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter  
20 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §11135-11139.5), and the regulations  
21 or standards adopted by the awarding state agency to implement such article. CONTRACTOR shall  
22 permit access by representatives of the Department of Fair Employment and Housing and the awarding  
23 state agency upon reasonable notice at any time during the normal business hours, but in no case less  
24 than twenty-four (24) hours notice, to such of its books, records, accounts, and all other sources of  
25 information and its facilities as said department or agency shall require to ascertain compliance with this  
26 clause. CONTRACTOR and its subcontractors shall give written notice of their obligations under this  
27 clause to labor organizations with which they have a collective bargaining or other agreement. (See  
28

1 Cal. Code Regs., tit. 2, §11105.) CONTRACTOR shall include the non-discrimination and compliance  
2 provisions of this clause in all subcontracts to perform work under this Agreement.

3 23. CULTURAL COMPETENCY

4 As related to Cultural and Linguistic Competence:

- 5 A. CONTRACTOR shall not discriminate against beneficiaries based on race, color, national  
6 origin, sex, disability, or religion. CONTRACTOR shall ensure that a limited and/or no  
7 English proficient beneficiary is entitled to equal access and participation in federally funded  
8 programs through the provision of comprehensive and quality bilingual services pursuant to  
9 Title 6 of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and  
10 Executive Order 12250 of 1979.
- 11 B. CONTRACTOR shall comply with requirements of policies and procedures for ensuring  
12 access and appropriate use of trained interpreters and material translation services for all  
13 limited and/or no English proficient beneficiaries, including, but not limited to, assessing the  
14 cultural and linguistic needs of the beneficiaries, training of staff on the policies and  
15 procedures, and monitoring its language assistance program. CONTRACTOR's policies and  
16 procedures shall ensure compliance of any subcontracted providers with these requirements.
- 17 C. CONTRACTOR shall notify its beneficiaries that oral interpretation is available for any  
18 language and written translation is available in prevalent languages and that auxiliary aids  
19 and services are available upon request, at no cost and in a timely manner for limited and/or  
20 no English proficient beneficiaries and/or beneficiaries with disabilities. CONTRACTOR shall  
21 avoid relying on an adult or minor child accompanying the beneficiary to interpret or facilitate  
22 communication; however, if the beneficiary refuses language assistance services, the  
23 CONTRACTOR must document the offer, refusal and justification in the beneficiary's file.
- 24 D. CONTRACTOR shall ensure that employees, agents, subcontractors, and/or partners who  
25 interpret or translate for a beneficiary or who directly communicate with a beneficiary in a  
26 language other than English (1) have completed annual training provided by COUNTY at no  
27 cost to CONTRACTOR; (2) have demonstrated proficiency in the beneficiary's language; (3)  
28 can effectively communicate any specialized terms and concepts specific to

1 CONTRACTOR's services; and (4) adheres to generally accepted interpreter ethic principles.  
2 As requested by COUNTY, CONTRACTOR shall identify all who interpret for or provide  
3 direct communication to any program beneficiary in a language other than English and  
4 identify when the CONTRACTOR last monitored the interpreter for language competence.

- 5 E. CONTRACTOR shall submit to COUNTY for approval, within ninety (90) days from date of  
6 contract execution, CONTRACTOR's plan to address all fifteen (15) National Standards for  
7 Culturally and Linguistically Appropriate Service (CLAS), as published by the Office of  
8 Minority Health and set forth in Exhibit M "National Standards on Culturally and Linguistically  
9 Appropriate Services," attached hereto and incorporated herein by reference and made part  
10 of this agreement. As the CLAS standards are updated, CONTRACTOR's plan must be  
11 updated accordingly. As requested by COUNTY, CONTRACTOR shall be responsible for  
12 conducting an annual CLAS self-assessment and providing the results of the self-  
13 assessment to the COUNTY. The annual CLAS self-assessment instruments shall be  
14 reviewed by the COUNTY and revised as necessary to meet the approval of the COUNTY.
- 15 F. Cultural competency training for CONTRACTOR staff should be substantively integrated into  
16 health professions education and training at all levels, both academically and functionally,  
17 including core curriculum, professional licensure, and continuing professional development  
18 programs. As requested by COUNTY, CONTRACTOR shall report on the completion of  
19 cultural competency trainings to ensure direct service providers are completing a minimum of  
20 one (1) cultural competency training annually.
- 21 G. CONTRACTOR shall create and sustain a forum that includes staff at all agency levels to  
22 discuss cultural competence. COUNTY encourages a representative from CONTRACTOR's  
23 forum to attend COUNTY's Cultural Humility Committee.

24 **24. AMERICANS WITH DISABILITIES ACT**

25 CONTRACTOR agrees to ensure that deliverables developed and produced, pursuant to this  
26 Agreement, shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act and  
27 the Americans with Disabilities Act of 1973 as amended (29 U.S.C. § 794 (d)), and regulations  
28 implementing that Act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations. In 1998,

1 Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic  
2 and information technology (EIT) accessible to people with disabilities. California Government Code  
3 section 11135 codifies section 508 of the Act requiring accessibility of electronic and information  
4 technology.

5 25. TAX EQUITY AND FISCAL RESPONSIBILITY ACT

6 To the extent necessary to prevent disallowance of reimbursement under section 1861(v)(1) (I)  
7 of the Social Security Act, (42 U.S.C. § 1395x, subd. (v)(1)(I)), until the expiration of four (4) years after  
8 the furnishing of services under this Agreement, CONTRACTOR shall make available, upon written  
9 request to the Secretary of the United States Department of Health and Human Services, or upon  
10 request to the Comptroller General of the United States General Accounting Office, or any of their duly  
11 authorized representatives, a copy of this Agreement and such books, documents, and records as are  
12 necessary to certify the nature and extent of the costs of these services provided by CONTRACTOR  
13 under this Agreement. CONTRACTOR further agrees that in the event CONTRACTOR carries out any  
14 of its duties under this Agreement through a subcontract, with a value or cost of Ten Thousand and  
15 No/100 Dollars (\$10,000.00) or more over a twelve (12) month period, with a related organization, such  
16 Agreement shall contain a clause to the effect that until the expiration of four (4) years after the  
17 furnishing of such services pursuant to such subcontract, the related organizations shall make available,  
18 upon written request to the Secretary of the United States Department of Health and Human Services,  
19 or upon request to the Comptroller General of the United States General Accounting Office, or any of  
20 their duly authorized representatives, a copy of such subcontract and such books, documents, and  
21 records of such organization as are necessary to verify the nature and extent of such costs.

22 26. SINGLE AUDIT CLAUSE

23 A. If CONTRACTOR expends Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) or  
24 more in Federal and Federal flow-through monies, CONTRACTOR agrees to conduct an annual  
25 audit in accordance with the requirements of the Single Audit Standards as set forth in Office of  
26 Management and Budget (OMB) 2 CFR 200. CONTRACTOR shall submit said audit and  
27 management letter to COUNTY. The audit must include a statement of findings or a statement that  
28 there were no findings. If there were negative findings, CONTRACTOR must include a corrective

1 action plan signed by an authorized individual. CONTRACTOR agrees to take action to correct any  
2 material non-compliance or weakness found as a result of such audit. Such audit shall be delivered  
3 to COUNTY's DBH Finance Division for review within nine (9) months of the end of any fiscal year  
4 in which funds were expended and/or received for the program. Failure to perform the requisite  
5 audit functions as required by this Agreement may result in COUNTY performing the necessary  
6 audit tasks, or at COUNTY's option, contracting with a public accountant to perform said audit, or  
7 may result in the inability of COUNTY to enter into future agreements with CONTRACTOR. All  
8 audit costs related to this Agreement are the sole responsibility of CONTRACTOR.

9 B. A single audit report is not applicable if CONTRACTOR's Federal contracts do not exceed the  
10 Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) requirement or CONTRACTOR's  
11 only funding is through Drug-related Medi-Cal. If a single audit is not applicable, a program audit  
12 must be performed and a program audit report with management letter shall be submitted by  
13 CONTRACTOR to COUNTY as a minimum requirement to attest to CONTRACTOR solvency.  
14 Said audit report shall be delivered to COUNTY's DBH Finance Division for review no later than  
15 nine (9) months after the close of the fiscal year in which the funds supplied through this Agreement  
16 are expended. Failure to comply with this Act may result in COUNTY performing the necessary  
17 audit tasks or contracting with a qualified accountant to perform said audit. All audit costs related to  
18 this Agreement are the sole responsibility of CONTRACTOR who agrees to take corrective action to  
19 eliminate any material noncompliance or weakness found as a result of such audit. Audit work  
20 performed by COUNTY under this paragraph shall be billed to CONTRACTOR at COUNTY cost, as  
21 determined by COUNTY's Auditor-Controller/Treasurer-Tax Collector.

22 C. CONTRACTOR shall make available all records and accounts for inspection by COUNTY, the State  
23 of California, if applicable, the Comptroller General of the United States, the Federal Grantor  
24 Agency, or any of their duly authorized representatives, at all reasonable times for a period of at  
25 least three (3) years following final payment under this Agreement or the closure of all other pending  
26 matters, whichever is later.

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1           27. COMPLIANCE

2           CONTRACTOR agrees to comply with COUNTY's Contractor Code of Conduct and Ethics and  
3 the COUNTY's Compliance Program in accordance with Exhibit D. Within thirty (30) days of entering  
4 into this Agreement with COUNTY, CONTRACTOR shall have all of CONTRACTOR's employees,  
5 agents, and subcontractors providing services under this Agreement certify in writing, that he or she has  
6 received, read, understood, and shall abide by the Contractor Code of Conduct and Ethics.

7 CONTRACTOR shall ensure that within thirty (30) days of hire, all new employees, agents, and  
8 subcontractors providing services under this Agreement shall certify in writing that they have received,  
9 read, understood, and shall abide by the Contractor Code of Conduct and Ethics. CONTRACTOR  
10 understands that the promotion of and adherence to the Contractor Code of Conduct is an element in  
11 evaluating the performance of CONTRACTOR and its employees, agents, and subcontractors.

12           Within thirty (30) days of entering into this Agreement, and annually thereafter, all employees,  
13 agents, and subcontractors providing services under this Agreement shall complete general compliance  
14 training, and appropriate employees, agents, and subcontractors shall complete documentation and  
15 billing or billing/reimbursement training. All new employees, agents, and subcontractors shall attend the  
16 appropriate training within thirty (30) days of hire. Each individual who is required to attend training shall  
17 certify in writing that he or she has received the required training. The certification shall specify the type  
18 of training received and the date received. The certification shall be provided to COUNTY's DBH  
19 Compliance Officer at 1925 E. Dakota Ave, Fresno, California 93726. CONTRACTOR agrees to  
20 reimburse COUNTY for the entire cost of any penalty imposed upon COUNTY by the Federal  
21 Government as a result of CONTRACTOR's violation of the terms of this Agreement.

22           28. ASSURANCES

23           In entering into this Agreement, CONTRACTOR certifies that neither they, nor any of their officers,  
24 are currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health  
25 Care Programs; that neither they, nor any of their officers, have been convicted of a criminal offense  
26 related to the provision of health care items or services; nor have they, nor any of their officers, been  
27 reinstated to participate in the Federal Health Care Programs after a period of exclusion, suspension,  
28 debarment, or ineligibility. If COUNTY learns, subsequent to entering into a contract, that

1 CONTRACTOR is ineligible on these grounds, COUNTY will remove CONTRACTOR from responsibility  
2 for, or involvement with, COUNTY's business operations related to the Federal Health Care Programs  
3 and shall remove such CONTRACTOR from any position in which CONTRACTOR's compensation, or  
4 the items or services rendered, ordered or prescribed by CONTRACTOR may be paid in whole or part,  
5 directly or indirectly, by Federal Health Care Programs or otherwise with Federal Funds at least until  
6 such time as CONTRACTOR is reinstated into participation in the Federal Health Care Programs.

7 A. If COUNTY has notice that either CONTRACTOR, or its officers, have been charged with a  
8 criminal offense related to any Federal Health Care Program, or are proposed for exclusion  
9 during the term of any contract, CONTRACTOR and COUNTY shall take all appropriate  
10 actions to ensure the accuracy of any claims submitted to any Federal Health Care Program.  
11 At its discretion, given such circumstances, COUNTY may request that CONTRACTOR  
12 cease providing services until resolution of the charges or the proposed exclusion.

13 B. CONTRACTOR agrees that all potential new employees of CONTRACTOR or  
14 subcontractors of CONTRACTOR who, in each case, are expected to perform professional  
15 services under this Agreement, will be queried as to whether: (1) they are now or ever have  
16 been excluded, suspended, debarred, or otherwise ineligible to participate in the Federal  
17 Health Care Programs; (2) they have been convicted of a criminal offense related to the  
18 provision of health care items or services; and (3) they have been reinstated to participate in  
19 the Federal Health Care Programs after a period of exclusion, suspension, debarment, or  
20 ineligibility.

21 1) In the event the potential employee or subcontractor informs CONTRACTOR that he  
22 or she is excluded, suspended, debarred, or otherwise ineligible, or has been  
23 convicted of a criminal offense relating to the provision of health care services, and  
24 CONTRACTOR hires or engages such potential employee or subcontractor,  
25 CONTRACTOR will ensure that said employee or subcontractor does no work, either  
26 directly or indirectly relating to services provided to COUNTY.

27 2) Notwithstanding the above, COUNTY, at its discretion, may terminate this Agreement  
28 in accordance with Section Three (3) of this Agreement, or require adequate



1 assurance (as defined by COUNTY) that no excluded, suspended, or otherwise  
2 ineligible employee or subcontractor of CONTRACTOR will perform work, either  
3 directly or indirectly, relating to services provided to COUNTY. Such demand for  
4 adequate assurance shall be effective upon a time frame to be determined by  
5 COUNTY to protect the interests of COUNTY consumers.

6 C. CONTRACTOR shall verify (by asking the applicable employees and subcontractors) that all  
7 current employees and existing subcontractors who, in each case, are expected to perform  
8 professional services under this Agreement: (1) are not currently excluded, suspended,  
9 debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2) have  
10 not been convicted of a criminal offense related to the provision of health care items or  
11 services; and (3) have not been reinstated to participate in the Federal Health Care Program  
12 after a period of exclusion, suspension, debarment, or ineligibility. In the event any existing  
13 employee or subcontractor informs CONTRACTOR that he or she is excluded, suspended,  
14 debarred, or otherwise ineligible to participate in the Federal Health Care Programs, or has  
15 been convicted of a criminal offense relating to the provision of health care services,  
16 CONTRACTOR will ensure that said employee or subcontractor does no work, either direct  
17 or indirect, relating to services provided to COUNTY.

18 1) CONTRACTOR agrees to notify COUNTY immediately during the term of this  
19 Agreement whenever CONTRACTOR learns that an employee or subcontractor who,  
20 in each case, is providing professional services under this Agreement is excluded,  
21 suspended, debarred, or otherwise ineligible to participate in the Federal Health Care  
22 Programs, or is convicted of a criminal offense relating to the provision of health care  
23 services.

24 2) Notwithstanding the above, COUNTY, at its discretion, may terminate this Agreement  
25 in accordance with Section Three (3) of this Agreement, or require adequate  
26 assurance (as defined by COUNTY) that no excluded, suspended, or otherwise  
27 ineligible employee or subcontractor of CONTRACTOR will perform work, either  
28 directly or indirectly, relating to services provided to COUNTY. Such demand for

1 adequate assurance shall be effective upon a time frame to be determined by  
2 COUNTY to protect the interests of COUNTY clients.

3 D. CONTRACTOR agrees to cooperate fully with any reasonable requests for information from  
4 COUNTY which may be necessary to complete any internal or external audits relating to  
5 CONTRACTOR's compliance with the provisions of this Section.

6 E. CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty imposed  
7 upon COUNTY by the Federal Government as a result of CONTRACTOR's violation of  
8 CONTRACTOR's obligations as described in this Section.

9 **29. PUBLICITY PROHIBITION**

10 None of the funds, materials, property or services provided directly or indirectly under this  
11 Agreement shall be used for CONTRACTOR's advertising, fundraising, or publicity (*i.e.*, purchasing of  
12 tickets/tables, silent auction donations, etc.) for the purpose of self-promotion. Notwithstanding the  
13 above, publicity of the services described in Section One (1) of this Agreement shall be allowed as  
14 necessary to raise public awareness about the availability of such specific services when approved in  
15 advance by COUNTY's DBH Director or designee and at a cost to be provided in Exhibit A for such  
16 items as written/printed materials, the use of media (*i.e.*, radio, television, newspapers), and any other  
17 related expense(s).

18 **30. COMPLAINTS**

19 CONTRACTOR shall log complaints and the disposition of all complaints from a client or a  
20 client's family. CONTRACTOR shall provide a copy of the detailed complaint log entries concerning  
21 COUNTY-sponsored clients to COUNTY at monthly intervals by the tenth (10<sup>th</sup>) day of the following  
22 month, in a format that is mutually agreed upon. In addition, CONTRACTOR shall provide details and  
23 attach documentation of each complaint with the log. CONTRACTOR shall post signs informing clients  
24 of their right to file a complaint or grievance. CONTRACTOR shall notify COUNTY of all incidents  
25 reportable to State licensing bodies that affect COUNTY clients within twenty-four (24) hours of receipt  
26 of a complaint.

27 Within ten (10) days after each incident or complaint affecting COUNTY clients, CONTRACTOR  
28 shall provide COUNTY with information relevant to the complaint, investigative details of the complaint,

1 the complaint and CONTRACTOR's disposition of, or corrective action taken to resolve the complaint.  
2 In addition, CONTRACTOR shall inform every client of their rights as set forth in Exhibit K.  
3 CONTRACTOR shall file an incident report for all incidents involving clients, following the protocol and  
4 user guide identified in Exhibit K.

5 **31. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST INFORMATION**

6 This provision is only applicable if CONTRACTOR is disclosing entities, fiscal agents, or  
7 managed care entities, as defined in Code of Federal Regulations (C.F.R.), Title 42 §§ 455.101,  
8 455.104 and 455.106(a)(1),(2).

9 In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and 455.106(a)(1),(2), the  
10 following information must be disclosed by CONTRACTOR by completing Exhibit N, "Disclosure of  
11 Ownership and Control Interest Statement", attached hereto and by this reference incorporated herein  
12 and made part of this Agreement. CONTRACTOR shall submit this form to the COUNTY's DBH within  
13 thirty (30) days of the effective date of this Agreement. Additionally, CONTRACTOR shall report any  
14 changes to this information within thirty-five (35) days of occurrence by completing Exhibit N.  
15 Submissions shall be scanned portable document format (pdf) copies and are to be sent via email to  
16 COUNTY's DBH assigned Staff Analyst.

17 CONTRACTOR is required to submit a set of fingerprints for any person with a five (5) percent or  
18 greater direct or indirect ownership interest in CONTRACTOR. COUNTY may terminate this Agreement  
19 where any person with a five (5) percent or greater direct or indirect ownership interest in the  
20 CONTRACTOR did not submit timely and accurate information and cooperate with any screening  
21 method required in CFR, Title 42, Section 455.416. Submissions shall be scanned pdf copies and are  
22 to be sent via email to [DBHContractedServicesDivision@fresnocountyca.gov](mailto:DBHContractedServicesDivision@fresnocountyca.gov). COUNTY may deny  
23 enrollment or terminate this Agreement where any person with a five (5) percent or greater direct or  
24 indirect ownership interest in CONTRACTOR has been convicted of a criminal offense related to that  
25 person's involvement with the Medicare, Medicaid, or Title XXI program in the last ten (10) years.

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1           32. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS:

2           CONTRACTOR is required to disclose if any of the following conditions apply to them, their owners,  
3 officers, corporate managers, and partners (hereinafter collectively referred to in this Section as  
4 “CONTRACTOR”):

5           A. Within the three (3) year period preceding the Agreement award, they have been convicted  
6 of, or had a civil judgment rendered against them for:

- 7                   1) Fraud or a criminal offense in connection with obtaining, attempting to obtain, or  
8 performing a public (federal, state, or local) transaction or contract under a public  
9 transaction;  
10                   2) Violation of a federal or state antitrust statute;  
11                   3) Embezzlement, theft, forgery, bribery, falsification, or destruction of records; or  
12                   4) False statements or receipt of stolen property.

13           B. Within the three (3) year period preceding the Agreement award, they have had a public  
14 transaction (federal, state, or local) terminated for cause or default.

15           Disclosure of the above information will not automatically eliminate CONTRACTOR from further  
16 business consideration. The information will be considered as part of the determination of whether to  
17 continue and/or renew this Agreement and any additional information or explanation that  
18 CONTRACTOR elects to submit with the disclosed information will be considered. If it is later  
19 determined that CONTRACTOR failed to disclose required information, any contract awarded to such  
20 CONTRACTOR may be immediately voided and terminated for material failure to comply with the terms  
21 and conditions of the award.

22           CONTRACTOR must sign a “Certification Regarding Debarment, Suspension, and Other  
23 Responsibility Matters- Primary Covered Transactions” in the form set forth in Exhibit O, attached hereto  
24 and by this reference incorporated herein and made part of this Agreement. Additionally,  
25 CONTRACTOR must immediately advise COUNTY’s DBH in writing if, during the term of this  
26 Agreement: (1) CONTRACTOR becomes suspended, debarred, excluded, or ineligible for participation  
27 in Federal or State funded programs or from receiving federal funds as listed in the excluded parties’ list  
28 system (<http://www.epls.gov>); or (2) any of the above listed conditions become applicable to

1 CONTRACTOR. CONTRACTOR shall indemnify, defend, and hold COUNTY harmless for any loss or  
2 damage resulting from a conviction, debarment, exclusion, ineligibility, or other matter listed in the  
3 signed Certification Regarding Debarment, Suspension, and Other Responsibility Matters.

4 33. DISCLOSURE OF SELF-DEALING TRANSACTIONS

5 This provision is only applicable if a CONTRACTOR is operating as a corporation (a for-profit or  
6 non-profit corporation) or if during the term of this Agreement, CONTRACTOR changes its status to  
7 operate as a corporation.

8 Members of a CONTRACTOR's Board of Directors shall disclose any self-dealing transactions  
9 that they are a party to while CONTRACTOR is providing goods or performing services under this  
10 Agreement. A self-dealing transaction shall mean a transaction to which CONTRACTOR is a party and  
11 in which one or more of its directors has a material financial interest. Members of the Board of Directors  
12 shall disclose any self-dealing transactions that they are a party to by completing and signing a "Self-  
13 Dealing Transaction Disclosure Form", attached hereto as Exhibit P and incorporated herein by  
14 reference and made part of this Agreement, and submitting it to COUNTY prior to commencing with the  
15 self-dealing transaction or immediately thereafter.

16 34. AUDITS AND INSPECTIONS:

17 CONTRACTOR shall at any time during business hours, and as often as the COUNTY may deem  
18 necessary, make available to the COUNTY for examination all of its records and data with respect to the  
19 matters covered by this Agreement. The CONTRACTOR shall, upon request by the COUNTY, permit the  
20 COUNTY to audit and inspect all of such records and data necessary to ensure CONTRACTOR'S  
21 compliance with the terms of this Agreement.

22 If this Agreement exceeds ten thousand dollars (\$10,000.00), CONTRACTOR shall be subject to  
23 the examination and audit of the Auditor General for a period of three (3) years after final payment under  
24 contract (Government Code Section 8546.7).

25 35. NOTICES:

26 The persons and their addresses having authority to give and receive notices under this Agreement  
27 include the following:

28 ///

COUNTY	CONTRACTOR
Director, Fresno County	Chief Executive Officer,
Department of Behavioral Health	Kings View Corporation
1925 E. Dakota Ave.	7170 N. Financial Dr. Ste.
Fresno, CA 93726	110 Fresno, CA 93720

All notices between the COUNTY and CONTRACTOR provided for or permitted under this Agreement must be in writing and delivered either by personal service, by first-class United States mail, by an overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by personal service is effective upon service to the recipient. A notice delivered by first-class United States mail is effective three COUNTY business days after deposit in the United States mail, postage prepaid, addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one COUNTY business day after deposit with the overnight commercial courier service, delivery fees prepaid, with delivery instructions given for next day delivery, addressed to the recipient. A notice delivered by telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission is completed outside of COUNTY business hours, then such delivery shall be deemed to be effective at the next beginning of a COUNTY business day), provided that the sender maintains a machine record of the completed transmission. For all claims arising out of or related to this Agreement, nothing in this section establishes, waives, or modifies any claims presentation requirements or procedures provided by law, including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with section 810).

36. GOVERNING LAW:

Venue for any action arising out of or related to this Agreement shall only be in Fresno County, California.

The rights and obligations of the parties and all interpretation and performance of this Agreement shall be governed in all respects by the laws of the State of California.

37. ENTIRE AGREEMENT

This Agreement, including all Exhibits, constitutes the entire agreement between the CONTRACTOR and COUNTY with respect to the subject matter hereof and supersedes all previous

1 Agreement negotiations, proposals, commitments, writings, advertisements, publications, and  
2 understanding of any nature whatsoever unless expressly included in this Agreement. In the event of any  
3 inconsistency in interpreting the documents which constitute this Agreement, the inconsistency shall be  
4 resolved by giving precedence in the following order of priority: (1) the text of this Agreement (excluding  
5 Attachment "A", the COUNTY'S Request for Quotation/Proposal No. Revised RFP No. 20-044 and the  
6 CONTRACTOR'S Quote/Proposal in response thereto); (2) Attachment "A"; (3) the COUNTY'S Request for  
7 Quotation/Proposal No. Revised RFP No. 20-044; and (4) the CONTRACTOR'S quotation/proposal made  
8 in response to COUNTY'S Request for Quotation/Proposal No. Revised RFP No. 20-044. A copy of  
9 COUNTY's Revised RFP No. 20-044 and CONTRACTOR's response thereto shall be retained and made  
10 available during the term of this Agreement by COUNTY's DBH.

11 Exhibit A – Scope of Work

12 Exhibit B – DBH Guiding Principles of Care Delivery

13 Exhibit C – Budget and Budget Narrative

14 Exhibit D – FCMHCP (Contractor Code of Conduct and Ethics)

15 Exhibit E – Documentation Standards for Client Records

16 Exhibit F – Program Objectives

17 Exhibit G – PATH PDX Annual Report

18 Exhibit H – State Mental Health Requirements

19 Exhibit I – Compliance with State Medi-Cal Requirements

20 Exhibit J – FCMHP (Grievance and Appeals Process)

21 Exhibit K.1 – Protocol for Completion of Incident Report

22 Exhibit K.2 – Incident Reviewer User Guide

23 Exhibit L – Fixed Asset and Sensitive Item Log

24 Exhibit M – National Standards for Culturally and Linguistically Appropriate Services

25 Exhibit N – Disclosure of Ownership

26 Exhibit O – Certification Regarding Debarment, Suspension, and Other Responsibility Matters

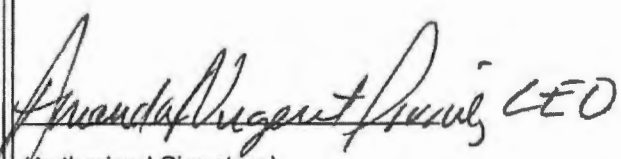
27 Exhibit P – Self-Dealing Transaction Disclosure Form

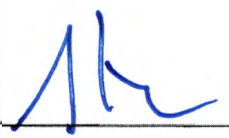
28 ///

1 IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year  
2 first hereinabove written.

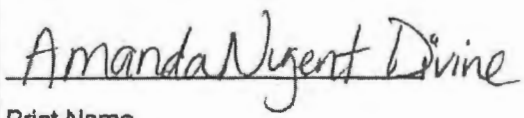
3  
4 CONTRACTOR:  
5 KINGS VIEW CORPORATION

COUNTY OF FRESNO

6  
7  
8  CEO  
9 (Authorized Signature)



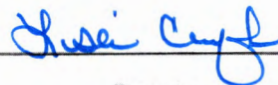
Steve Brandau, Chairman of the Board  
of Supervisors of the County of Fresno

10  
11   
12 Print Name

Date: June 22, 2021

13  
14 Mailing Address:  
15 Kings View  
16 7170 N. Financial Dr. Ste. 110  
17 Fresno, CA 93720  
18  
19 Phone No. (559) 256-7611  
20 Contact: Amanda Nugent-Divine, CEO

ATTEST:  
Bernice E. Seidel  
Clerk of the Board of Supervisors  
County of Fresno, State of California

By:   
Deputy

21  
22  
23  
24  
25 FOR ACCOUNTING USE ONLY:  
26 Fund/Subclass: 0001/10000  
27 Organization: 56302493  
28 Account/Program: 7295/0



**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS  
(PATH) PROGRAM  
Scope of Work**

ORGANIZATION	Kings View Corporation	
REGIONAL DIRECTOR	Virginia Sparks, LMFT	
CORPORATE ADDRESS	7170 N Financial Dr, Ste 110, Fresno, CA 93720	
HOURS OF OPERATION	8AM to 5PM, Monday through Friday	
CONTRACT PERIOD	July 1, 2021 – June 30, 2027	
CONTRACT AMOUNT	FY 2021-2022	\$671,272
	FY 2022-2023	\$639,066
	FY 2023-2024	\$639,066
	FY 2024-2025	\$639,066
	FY 2025-2026	\$639,066
	Total	\$3,227,536
SERVICES	Outreach, Case Management, Mental Health, and Supportive Housing Services	

**TARGET POPULATION**

Adults (18 years and older) living in metro, rural, or unincorporated areas in Fresno County who are experiencing serious mental illness and/or co-occurring substance use disorders and are homeless or at imminent risk of becoming homeless. Participation in the PATH Program is voluntary.

**PROJECT DESCRIPTION**

The Stewart B McKinney Homeless Assistance Amendments Act of 1990 authorizes a federal grant program, Projects for Assistance in Transition from Homelessness (PATH). This funding source is used to address the needs of the target population through a PATH Program operated by Kings View. A primary goal is to reduce and end chronic homelessness and enable persons served to live in the community and to avoid homelessness, hospitalization, and/or jail detention. It is a vital resource to the community, serving as a front door for persons served into continuum of care services and mainstream mental health, primary healthcare, and the substance abuse services system.

The PATH Program is comprised of two main components:

1. Outreach, Engagement, and Linkage (OEL)
2. Specialty Mental Health Services (SMHS)

Through PATH-OEL, Kings View will provide services to at least three hundred-fifty (350) persons per year, at least two hundred (200) of which will be enrolled into HMIS and be linked to the appropriate services or referred to PATH-SMHS. They will receive case management, linkage, consultation, peer support services, and supportive interim or bridge housing services as needed. As necessary, Kings View will implement COVID-19 screening, education, assessment, and linkage capabilities in the field.

Up to thirty-six (36) persons at a given time will be enrolled in PATH-SMHS where they will receive intensive mental health treatment, case management, linkage, consultation, peer support services, and supportive housing services; up to ten (10) individuals at a given time will receive housing support). Service goals are to help stabilize and transition persons served into other County or community mental health programs.

Kings View will commit to “meet persons where they are” and collaborate with other agencies across the system of care to assist persons served in achieving their personal recovery and wellness goals. Services will incorporate safety, emergency and crisis procedures in the field and in the organization’s offices, personal services coordination, psychiatric services in the areas of medication, prescription, administration, monitoring and documentation, mental health services, linkage services, supportive housing services, and mobile outreach services.

COUNTY’S administrative staff shall monitor and oversee program outcomes and coordinate reporting requirements.

## **CONTRACTOR RESPONSIBILITIES**

### **I. ADMINISTRATIVE SERVICES**

1. Participate in the Fresno/Madera Continuum of Care (FMCoC) as a member. COUNTY will provide technical assistance as needed.
2. Provide appropriate data and measurable outcomes as requested or required by the County and State. Such data reports include quarterly performance reports, Behavioral Health Board annual update reports, inclusive of demographics, caseload, and measurable outcomes.
3. Participate and utilize the Homeless Management Information System (HMIS) to enter data on persons served.
4. Ensure that operating staff are able to have on hand, in their possession, during regular working hours and when appropriate, an adequate amount of petty cash with which to make emergency purchases of food, shelter, clothing, prescriptions, transportation, or other items and services as needed for persons served. This may include security deposits, rent subsidy, and other items needed by persons served. CONTRACTOR shall provide policies and procedures as to the handling of petty cash.
5. Evaluate the staff’s competency for performance purposes and establish medication policies and procedures which identify processes to administer medications to persons served and train other staff and family members regarding medication education, medication delivery, medication side effects, observation of self administration of medication and medication monitoring.
6. Ensure billable Mental Health Specialty Services meet any/all County, State, and Federal regulations including any utilization review and quality assurance standards.

### **II. STAFFING REQUIREMENTS**

1. CONTRACTOR’s program staff shall reflect the target population through social characteristics of the community, such as culture, ethnicity, gender, and sexual orientation.
2. Operate with a multidisciplinary treatment team including licensed/unlicensed mental health professionals, case managers, and other specialists to support persons served in reaching their goals.

### **III. SERVICES ACROSS PROGRAM**

1. Commit to “meeting individuals where they are” in order to assist persons served in achieving their personal recovery and wellness goals.
2. Integrate physical and mental health services in collaboration with primary care physicians.
3. Provide culturally responsive evidence-based or promising clinical services that are integrated with overall service planning, supportive housing, and employment support and/or education goals.
4. Provide treatment services that account for the age, culture, gender, and language of persons served, as well as possible accommodations for physical disabilities.
5. Employ harm reduction and motivational interviewing techniques and principles.

6. Empower persons served to take an active role in the recovery process, provide housing options, and maintain independent living by providing needed services, accessing resources, and encouragement to be independent, productive, and responsible.
7. Collaborate with other agencies for the provision of non-direct mental health services. Linkage must be provided to persons served for the full range of services.
8. Coordinate services with other community mental health and non-mental health providers, as well as other medical professionals in a manner consistent with Fresno County confidentiality rules.
9. Collaborate with community law enforcement, probation, and courts.
10. Link persons served to appropriate social services, legal advocacy, and other representation; provide transportation as necessary; serve as a “representative payee” or refer them to other payee services for SSI/SSD benefits.
11. CONTRACTOR will provide reasonable direct assistance as needed to ensure that person served obtain the basic necessities of daily life, including but not limited to:
  - a. Safe, clean, affordable housing;
  - b. Food and clothing;
  - c. Appropriate financial support, which may include housing deposits, Supplemental Security Income, Social Security Disability Insurance, General Relief, and money management services.
  - d. Bus tokens/passes
  - e. Vehicles available to staff to transport persons served to appointments and social group activities
12. Provide assistance and advocacy in obtaining available public assistance benefits, general relief, SSI/SSDI and accessing needed behavioral health and physical health care for persons served.
13. Make appropriate referrals and linkages to addiction services that are beyond that of the PATH program to individuals with coexisting alcohol, tobacco, drug abuse and other addictive symptoms.
14. Provide a rapid and flexible response to crisis during working hours, including crisis assessment and intervention by telephone or face-to-face contact. Should crisis housing, short-term care, and inpatient treatment (voluntary or involuntary) be needed, staff shall collaborate with designated staff at psychiatric facilities and/or hospitals. CONTRACTOR will provide support to the maximum extent possible, including accompanying persons served to the County’s Urgent Wellness Center and remain with them during the assessment.
15. Initiate voluntary commitment, should there be a need. CONTRACTOR will work with County staff within the Adult Services Division; county staff will sign the involuntary commitment papers.
16. CONTRACTOR shall have the flexibility to increase service intensity for an individual in response to their needs. Staff shall have the capacity to provide as many contacts as needed to persons served experiencing significant problems in daily living.

#### **IV. PATH-OEL SERVICES**

1. At least 350 persons will be receive outreach, engagement, and linkage services and at least 200 persons served will be enrolled into PATH and HMIS.
2. Utilize various engagement tools, such as personal protective equipment, disinfectant supplies, clothing, food, shoes, blankets, bus passes, hygiene kits etc., to address barriers to engagement such as transportation, pet care, property storage, etc.
3. Provide frequent contacts with individuals where they live or are most comfortable in order to assist them in accessing behavioral and physical health care, financial, education, vocational, rehabilitative, or

other needed community services, especially as these services relate to meeting the person's mental health and housing needs.

4. Assess and document mental illness symptoms and behavior of persons served in response to medication and monitor for medication side-effects during the provision of observed self-administration and during ongoing face-to-face contacts.

#### **V. PATH-SMHS SERVICES**

1. Up to thirty-six (36) persons at a given time will be enrolled to receive intensive mental health treatment services on an ongoing basis, inclusive of supportive housing services for up to ten (10) persons at a given time.
2. The PATH - SMHS program's persons served to staff ratio will be no more than eighteen (18) persons to each staff. A ratio of 1:17, or one staff serving seventeen (17) persons, will not be exceeded until at least one person served by a staff member is transitioning out of the program (a transition period will be at least three months prior to exit). During a transitional period, the ratio can be 1:18.
3. Assign a case manager within 24 hours of enrollment into the PATH SMHS Program.
4. A Plan of Care must include and identify current symptoms, treatment goals, and interventions of persons served.
5. Implement mental health service strategies to reduce the number of days persons served experience hospitalization, incarceration, and homelessness.
6. Minimize the involvement of persons served with the criminal justice system, with services to include, but not be limited to:
  - a. Helping identify precipitants to their criminal involvement;
  - b. Providing necessary treatment, support, and education to help eliminate any unlawful activities or criminal involvement that may be of consequence to the individual's mental illness; and
  - c. Collaborating with police, court personnel, jail/prison officials, and psychiatric staff to ensure appropriate use of legal and mental health services.
7. Incorporate the Supplemental Security Income/Social Security Disability Income (SSI/SSDI), SSI/SSDI Outreach, Access, and Recovery (SOAR) as part of the case management services. SOAR provides the program the tools to expedite access to Social Security disability benefits that result in improved housing and treatment outcomes.
8. Provide symptom assessment, personal service coordination and supportive counseling as needed to assist persons served to cope with and gain a mastery of symptoms and disabilities due to mental illness and/or substance abuse. These services shall include, but not be limited to, the following:
  - a. Ongoing assessment of mental illness symptoms and response to treatment;
  - b. Education of the individual regarding their mental illness and the effects (including side effects) of prescribed medications;
  - c. Symptom management efforts directed to help person served identify symptoms and their occurrence patterns and to develop methods (internal, behavioral, adaptive) to lessen their effects; and
  - d. Provide psychological support, planned and as needed, to help persons served accomplish their personal goals and to cope with the stresses of day-to-day living.
9. Assist person served, family, and other members of the individual's social network to relate in a positive and supportive manner through such means as:
  - a. Education about the individual's illness and their role in the therapeutic process;
  - b. Supportive counseling;

- c. Intervention to resolve conflict;
  - d. Referral of the family to therapy, self-help and other family support services as appropriate; and
  - e. Provision to other support systems with education and information about serious mental illnesses and treatment services and supports.
10. Provide education to persons served and their family and/or caregivers (as appropriate) about the nature of medications, the expected benefits and potential side effects, and alternatives to medication.
11. Provide support and help establish positive social relationships and activities in community settings. Such services shall include, but not to be limited to:
  - a. Developing social skills, including the skills to develop meaningful personal relationships;
  - b. Planning appropriate and productive use of leisure time, including familiarizing individuals with available social and recreational opportunities and increasing their use of these activities;
  - c. Interacting with landlords, neighbors, and others effectively and appropriately;
  - d. Developing assertiveness and self-esteem; and
  - e. Using existing self-help centers, self-help groups and other social, church, and recreational groups to combat isolation and withdrawal experienced by many persons coping with serious and persistent mental illness.
12. Provide training and instruction, including individual support, problem solving, skill development, modeling and supervision, in home and community settings, to teach persons served to:
  - a. Carry out personal hygiene tasks;
  - b. Perform household chores, including housekeeping, cooking, laundry and shopping;
  - c. Develop or improve money management skills;
  - d. Use community transportation;
  - e. Provide training and assistance to persons served in locating, securing, maintaining and financing safe, clean and affordable housing which is appropriate to their levels of functioning; and
  - f. Provide training and instruction, including individual support, problem solving, skill development, modeling and supervision, in home and community settings.
13. Provide alcohol, tobacco, and drug abuse services as needed. This will include, but is not limited to, individual and group interventions to assist in:
  - a. Identifying alcohol, tobacco and drug abuse effects and patterns;
  - b. Recognizing the interactive effects of alcohol, tobacco and drug use, psychiatric symptoms, and psychotropic medications;
  - c. Developing motivation for decreasing alcohol, tobacco and drug use;
  - d. Developing coping skills and alternatives to minimize alcohol, tobacco and drug use;
  - e. Achieving periods of abstinence and stability;
  - f. Attending appropriate recovery or self-help meetings; and
  - g. Achieving an alcohol and drug free lifestyle, if at all possible.
14. Provide information, in an educational format, on the use of alcohol, tobacco, prescribed medications, and other drugs of abuse and the impact that chemicals have on the ability to function in major life areas. Information shall also include eating disorders, gambling, overspending, sexual and other addictions, as appropriate.
15. Ensure persons served maintain their respective housing and utilize supportive housing resources by providing supportive and independent housing, as appropriate.
16. Ensure rapid access to assistance funds for purchase of furniture, and other items needed by persons served.

17. Negotiate and establish relationships with apartment owners/landlords and/or utilize alternative housing resources as available and appropriate.

## **VI. COUNTY RESPONSIBILITIES**

1. Provide oversight of the PATH Program. In addition to contract monitoring of program, oversight includes, but is not limited to, coordination with the State Department of Health Care Services in regard to program administration and outcomes. COUNTY will coordinate meetings with CONTRACTOR on a monthly basis to discuss program client issues, concerns, measurable outcomes and reports, and any other items.
2. Assist CONTRACTOR in making linkages with the total mental health system through regularly scheduled meetings as well as formal and informal consultation.
3. Evaluate the progress of the overall program.
4. Receive and analyze statistical data outcome information throughout the term of contract. COUNTY will notify CONTRACTOR when additional participation is required. The performance outcome measurement process will include surveys, client and staff interviews, chart reviews, and other methods of obtaining required information as needed.
5. Recognize that cultural responsiveness is a goal toward which professionals, agencies, and systems should strive. Becoming culturally responsiveness is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. COUNTY will assist program towards cultural and linguistic competency, COUNTY shall provide the following at no cost to CONTRACTOR:
  - a. Technical assistance regarding cultural responsiveness requirements and sexual orientation and gender identity training.
  - b. Mandatory cultural responsiveness training including sexual orientation and gender identity and cultural sensitivity training for program personnel, at minimum once per year. COUNTY will provide technical assistance and when possible, training regarding the unique needs of the diverse population. Cultural responsiveness training recommendations will be based on trends in data collected and will be included in the counties Culturally Responsive Plan. Sensitivity to sexual orientation and gender identity is a basic cultural responsiveness principle and shall be included in the cultural responsiveness training(s). Literature suggests that the behavioral health needs of lesbian, gay, bisexual, and transgender (LGBT+) individuals may be at increased risk for behavioral disorders and behavioral health problems due to exposure to societal stressors such as stigmatization, prejudice and homophobic and/or transphobic violence. Social support may be critical for this population.
  - c. CONTRACTOR materials for public use on behavioral health and substance abuse services information shall be in DBH's current threshold languages (English, Spanish, and Hmong). Translation services and costs associated will be the responsibility of the vendor. Promotional and/or program materials shall be reviewed by DBH's Public Behavioral Health Division for branding requirements prior to implementation.

# **Fresno County Department of Behavioral Health**

## **Guiding Principles of Care Delivery**

### **DBH VISION:**

Health and well-being for our community.

### **DBH MISSION:**

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive, behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

### **DBH GOALS:**

Quadruple Aim

- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

### **GUIDING PRINCIPLES OF CARE DELIVERY:**

The DBH 11 principles of care delivery define and guide a system that strives for excellence in the provision of behavioral health services where the values of wellness, resiliency, and recovery are central to the development of programs, services, and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes.

#### **1. Principle One - Timely Access & Integrated Services**

- Individuals and families are connected with services in a manner that is streamlined, effective, and seamless
- Collaborative care coordination occurs across agencies, plans for care are integrated, and whole person care considers all life domains such as health, education, employment, housing, and spirituality
- Barriers to access and treatment are identified and addressed

- Excellent customer service ensures individuals and families are transitioned from one point of care to another without disruption of care

2. Principle Two - Strengths-based

- Positive change occurs within the context of genuine trusting relationships
- Individuals, families, and communities are resourceful and resilient in the way they solve problems
- Hope and optimism is created through identification of, and focus on, the unique abilities of individuals and families

3. Principle Three - Person-driven and Family-driven

- Self-determination and self-direction are the foundations for recovery
- Individuals and families optimize their autonomy and independence by leading the process, including the identification of strengths, needs, and preferences
- Providers contribute clinical expertise, provide options, and support individuals and families in informed decision making, developing goals and objectives, and identifying pathways to recovery
- Individuals and families partner with their provider in determining the services and supports that would be most effective and helpful and they exercise choice in the services and supports they receive

4. Principle Four - Inclusive of Natural Supports

- The person served identifies and defines family and other natural supports to be included in care
- Individuals and families speak for themselves
- Natural support systems are vital to successful recovery and the maintaining of ongoing wellness; these supports include personal associations and relationships typically developed in the community that enhance a person's quality of life
- Providers assist individuals and families in developing and utilizing natural supports.

5. Principle Five - Clinical Significance and Evidence Based Practices (EBP)

- Services are effective, resulting in a noticeable change in daily life that is measurable.
- Clinical practice is informed by best available research evidence, best clinical expertise, and values and preferences of those we serve



- Other clinically significant interventions such as innovative, promising, and emerging practices are embraced

6. Principle Six - Culturally Responsive

- Values, traditions, and beliefs specific to an individual's or family's culture(s) are valued and referenced in the path of wellness, resilience, and recovery
- Services are culturally grounded, congruent, and personalized to reflect the unique cultural experience of each individual and family
- Providers exhibit the highest level of cultural humility and sensitivity to the self-identified culture(s) of the person or family served in striving to achieve the greatest competency in care delivery

7. Principle Seven - Trauma-informed and Trauma-responsive

- The widespread impacts of all types of trauma are recognized and the various potential paths for recovery from trauma are understood
- Signs and symptoms of trauma in individuals, families, staff, and others are recognized and persons receive trauma-informed responses
- Physical, psychological and emotional safety for individuals, families, and providers is emphasized

8. Principle Eight - Co-occurring Capable

- Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders
- Treatment of substance use disorders and mental health disorders are integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time

9. Principle Nine - Stages of Change, Motivation, and Harm Reduction

- Interventions are motivation-based and adapted to the person's stage of change
- Progression through stages of change are supported through positive working relationships and alliances that are motivating
- Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse through a harm reduction approach

- Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support

10. Principle Ten - Continuous Quality Improvement and Outcomes-Driven

- Individual and program outcomes are collected and evaluated for quality and efficacy
- Strategies are implemented to achieve a system of continuous quality improvement and improved performance outcomes
- Providers participate in ongoing professional development activities needed for proficiency in practice and implementation of treatment models

11. Principle Eleven - Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

- The rights of all people are respected
- Behavioral health is recognized as integral to individual and community well-being
- Promotion of health and wellness is interwoven throughout all aspects of DBH services
- Specific strategies to prevent illness and harm are implemented at the individual, family, program, and community levels
- Stigma is actively reduced by promoting awareness, accountability, and positive change in attitudes, beliefs, practices, and policies within all systems
- The vision of health and well-being for our community is continually addressed through collaborations between providers, individuals, families, and community members

Projects For Assistance in Transition From Homelessness -OEL

Kings View Corporation

Fiscal Year (FY 2021-22)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS						
Employee Salaries						
Acct #	Position	FTE	Admin	Direct	Total	
1101	Executive Director	0.01	\$ -	\$ 790	\$ 790	
1102	Executive Assistant	0.01	-	252	252	
1103	Regional Director	0.02	-	2,594	2,594	
1104	Program Manager	0.70	-	73,739	73,739	
1105	Admin Specialist	0.26	-	12,628	12,628	
1106	Outreach Worker	2.00	-	73,840	73,840	
1107	Case Managers	1.20	-	50,482	50,482	
1108					-	
1109					-	
1110			-	-	-	
1111			-	-	-	
1112			-	-	-	
1113			-	-	-	
1114			-	-	-	
1115			-	-	-	
1116			-	-	-	
1117			-	-	-	
1118			-	-	-	
1119			-	-	-	
1120			-	-	-	
<b>Personnel Salaries Subtotal</b>		<b>4.19</b>	<b>\$ -</b>	<b>\$ 214,325</b>	<b>\$ 214,325</b>	
Employee Benefits						
Acct #	Description		Admin	Direct	Total	
1101	Retirement		\$ -	\$ 2,786	\$ 2,786	
1102	Worker's Compensation		-	5,358	5,358	
1103	Health Insurance		-	28,291	28,291	
1104	Other (Specify)		-	-	-	
1105	Other (specify)		-	-	-	
1106	Other (specify)		-	-	-	
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 36,435</b>	<b>\$ 36,435</b>	
<b>Employee Benefits %:</b>					<b>\$ 0.16</b>	
Payroll Taxes & Expenses:						
Acct #	Description		Admin	Direct	Total	
1201	OASDI		\$ -	\$ -	\$ -	
1202	FICA/MEDICARE		-	16,395	16,395	
1203	SUI		-	1,929	1,929	
1204	Other (specify)		-	-	-	
1205	Other (specify)		-	-	-	
1206	Other (specify)		-	-	-	
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 18,324</b>	<b>\$ 18,324</b>	
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 269,084</b>	<b>\$ 269,084</b>	

<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	17,158
2003	Client Transportation & Support	4,000
2004	Clothing, Food, & Hygiene	18,100
2005	Education Support	255
2006	Employment Support	255
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	15,400
2012	Other (specify)	
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 55,168</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 4,006
3002	Printing/Postage	300
3003	Office Supplies & Equipment	2,250
3004	Advertising	-
3005	Staff Development & Training	1,000
3006	Staff Mileage	250
3007	Subscriptions & Memberships	200
3008	Vehicle Maintenance	23,475
3009	Other (Staff Recruitment)	260
3010	Other (specify)	
3011	Other (specify)	-
3012	Other (specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 31,741</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 9,046
4002	Rent/Lease Building	8,640
4003	Rent/Lease Equipment	2,160
4004	Rent/Lease Vehicles	13,012
4005	Security	-
4006	Utilities	3,720
4007	Other (specify)	
4008	Other (specify)	
4009	Other (specify)	
4010	Other (specify)	
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 36,578</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>

5001	Consultant (Network & Data Management)	\$ 11,686
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Psychiatrist Fees)	-
5004	Translation Services	200
5005	Other (specify)	
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 11,886</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ 51,133
6002	Professional Liability Insurance	3,300
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Liability)	9,360
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (specify)	
6009	Other (specify)	
6010	Other (specify)	
6011	Other (specify)	-
6012	Other (specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ 63,793</b>

<b>7000: FIXED ASSETS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
7001	Computer Equipment & Software	\$ 6,375
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	2,620
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ 8,995</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 477,245</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services			\$ -
8002	Case Management			-
8003	Crisis Services			-
8004	Medication Support			-
8005	Collateral			-
8006	Plan Development			-
8007	Assessment			-
8008	Rehabilitation			-
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>0</b>		<b>\$ -</b>

Estimated % of Clients who are Medi-Cal Beneficiaries	0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	-
Federal Financial Participation (FFP) %	0%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ -</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
<b>REALIGNMENT TOTAL</b>		<b>\$ -</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSa)			
Acct #	MHSa Component	MHSa Program Name	Amount
8301	CSS - Community Services & Supports		\$ 102,777
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSa TOTAL</b>			<b>\$ 102,777</b>

8400 - OTHER REVENUE			
Acct #	Line Item Description		Amount
8401	Client Fees		\$ -
8402	Client Insurance		-
8403	Grants (Specify)	PATH	308,000
8404	Other Revenue 1	HHAP	66,468
8405	Other Revenue 2		-
<b>OTHER REVENUE TOTAL</b>			<b>\$ 374,468</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 477,245</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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**Projects For Assistance in Transition From Homelessness -OEL**  
**Kings View Corporation**  
**Fiscal Year (FY 2021-22) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>269,084</b>	
<b>Employee Salaries</b>		<b>214,325</b>	
1101	Executive Director	790	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	252	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,594	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	73,739	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	12,628	Provides administrative support for the program and assist with medical billing and records.
1106	Outreach Worker	73,840	Provides outreach and engagement services, provides linkage to needed services.
1107	Case Managers	50,482	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>36,435</b>	
1101	Retirement	2,786	Cost of 401K
1102	Worker's Compensation	5,358	Workers Comp Insurance
1103	Health Insurance	28,291	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (specify)	-	
1106	Other (specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>18,324</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	16,395	Cost of FICA/Medicare
1203	SUI	1,929	Cost of SUI
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	

<b>2000: CLIENT SUPPORT</b>		<b>55,168</b>	
2001	Child Care	-	
2002	Client Housing Support	17,158	Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, and household supplies.
2003	Client Transportation & Support	4,000	Provides bus passes, bus tokens or any transportation assistance for clients, such as taxi service or gas.
2004	Clothing, Food, & Hygiene	18,100	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	255	Assist with education expenses such as books and registration.
2006	Employment Support	255	Cost of employment assistance such as interview clothes, DMV records, ID Cards or birth certificates.
2007	Household Items for Clients	-	
2008	Medication Supports	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (Program Supplies)	15,400	Cost to supply showers trailer with items such as soap, shampoo, and towels for client usage.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

3000: OPERATING EXPENSES		31,741	
3001	Telecommunications	4,006	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	300	Anticipated courier services and postage necessary for program. Business cards and other special printing in bulk that are less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	2,250	Includes desk supplies & minor equipment used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	1,000	Minor shared cost for continuation of staff development and training. Also, includes HMIS training fees.
3006	Staff Mileage	250	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	200	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	23,475	Auto repairs & maintenance required to maintain 1 leased truck to haul client showers, 1 shared leased vehicle, and 2 county owned vans for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, fuel and DMV fees.
3009	Other (Staff Recruitment)	260	Thorough background check and drug testing.
3010	Other (specify)	-	
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: FACILITIES & EQUIPMENT		36,578	
4001	Building Maintenance	9,046	Copier maintenance and minor building repairs and maintenance. Annual Janitorial Services to maintain client showers clean.
4002	Rent/Lease Building	8,640	Building space lease, anticipating moving locations.
4003	Rent/Lease Equipment	2,160	Copier lease.
4004	Rent/Lease Vehicles	13,012	The cost of 1 shared lease vehicles to assist with program and client needs and cost of 1 lease truck to haul client showers.
4005	Security	-	
4006	Utilities	3,720	The cost of gas and electric.
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: SPECIAL EXPENSES		11,886	
5001	Consultant (Network & Data Management)	11,686	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Psychiatrist Fees)	-	
5004	Translation Services	200	Anticipated translation services to assist clients.
5005	Other (specify)	-	
5006	Other (specify)	-	



ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
5007	Other (specify)	-	
5008	Other (specify)	-	

6000: ADMINISTRATIVE EXPENSES		63,793	
6001	Administrative Overhead	51,133	Expenses provide corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	3,300	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability)	9,360	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (specify)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	

7000: FIXED ASSETS		8,995	
7001	Computer Equipment & Software	6,375	Computer software needs to support staff & anticipating shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	2,620	Anticipated shared cost for replacement furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>477,245</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>477,245</b>

Projects For Assistance in Transition From Homelessness -OEL

Kings View Corporation

Fiscal Year (FY 2022-23)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS						
Employee Salaries						
Acct #	Position	FTE	Admin	Direct	Total	
1101	Executive Director	0.01	\$ -	\$ 813	\$ 813	
1102	Executive Assistant	0.01	-	259	259	
1103	Regional Director	0.02	-	2,671	2,671	
1104	Program Manager	0.70	-	75,951	75,951	
1105	Admin Specialist	0.26	-	13,007	13,007	
1106	Outreach Worker	2.00	-	76,056	76,056	
1107	Case Managers	0.94	-	40,732	40,732	
1108					-	
1109					-	
1110			-	-	-	
1111			-	-	-	
1112			-	-	-	
1113			-	-	-	
1114			-	-	-	
1115			-	-	-	
1116			-	-	-	
1117			-	-	-	
1118			-	-	-	
1119			-	-	-	
1120			-	-	-	
<b>Personnel Salaries Subtotal</b>		<b>3.93</b>	<b>\$ -</b>	<b>\$ 209,489</b>	<b>\$ 209,489</b>	
Employee Benefits						
Acct #	Description		Admin	Direct	Total	
1101	Retirement		\$ -	\$ 2,723	\$ 2,723	
1102	Worker's Compensation		-	5,237	5,237	
1103	Health Insurance		-	27,653	27,653	
1104	Other (Specify)		-	-	-	
1105	Other (Specify)		-	-	-	
1106	Other (Specify)		-	-	-	
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 35,613</b>	<b>\$ 35,613</b>	
			<b>Employee Benefits %:</b>			<b>0.15660881</b>
Payroll Taxes & Expenses:						
Acct #	Description		Admin	Direct	Total	
1201	OASDI		\$ -	\$ -	\$ -	
1202	FICA/MEDICARE		-	16,026	16,026	
1203	SUI		-	1,886	1,886	
1204	Other (Specify)		-	-	-	
1205	Other (Specify)		-	-	-	
1206	Other (Specify)		-	-	-	
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 17,912</b>	<b>\$ 17,912</b>	
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 263,014</b>	<b>\$ 263,014</b>	

<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	8,700
2003	Client Transportation & Support	3,000
2004	Clothing, Food, & Hygiene	6,003
2005	Education Support	230
2006	Employment Support	230
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	5,600
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 23,763</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 4,125
3002	Printing/Postage	67
3003	Office Supplies & Equipment	2,460
3004	Advertising	-
3005	Staff Development & Training	750
3006	Staff Mileage	180
3007	Subscriptions & Memberships	100
3008	Vehicle Maintenance	15,750
3009	Other (Staff Recruitment)	170
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 23,602</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 8,194
4002	Rent/Lease Building	8,640
4003	Rent/Lease Equipment	2,160
4004	Rent/Lease Vehicles	13,012
4005	Security	-
4006	Utilities	3,720
4007	Other (Specify)	
4008	Other (Specify)	
4009	Other (Specify)	-
4010	Other (Specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 35,726</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>

5001	Consultant (Network & Data Management)	\$ 11,686
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Psychiatrist Fees)	-
5004	Translation Services	200
5005	Other (Specify)	
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 11,886</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ 37,343
6002	Professional Liability Insurance	3,483
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Liability):	9,360
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	
6009	Other (Specify)	
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ 50,186</b>

<b>7000: FIXED ASSETS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
7001	Computer Equipment & Software	\$ 2,500
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ 2,600</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 410,777</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services			\$ -
8002	Case Management			-
8003	Crisis Services			-
8004	Medication Support			-
8005	Collateral			-
8006	Plan Development			-
8007	Assessment			-
8008	Rehabilitation			-
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>0</b>		<b>\$ -</b>

Estimated % of Clients who are Medi-Cal Beneficiaries	0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	-
Federal Financial Participation (FFP) %	0%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ -</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
<b>REALIGNMENT TOTAL</b>		<b>\$ -</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 102,777
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 102,777</b>

8400 - OTHER REVENUE			
Acct #	Line Item Description		Amount
8401	Client Fees		\$ -
8402	Client Insurance		-
8403	Grants (Specify)	PATH	308,000
8404	Other (Specify)		-
8405	Other (Specify)		-
<b>OTHER REVENUE TOTAL</b>			<b>\$ 308,000</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 410,777</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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**Projects For Assistance in Transition From Homelessness -OEL**  
**Kings View Corporation**  
**Fiscal Year (FY 2022-23) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>263,014</b>	
<b>Employee Salaries</b>		<b>209,489</b>	
1101	Executive Director	813	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	259	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,671	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	75,951	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	13,007	Provides administrative support for the program.
1106	Outreach Worker	76,056	Provides outreach and engagement services, provides linkage to needed services.
1107	Case Managers	40,732	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>35,613</b>	
1101	Retirement	2,723	Cost of 401K
1102	Worker's Compensation	5,237	Workers Comp Insurance
1103	Health Insurance	27,653	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>17,912</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	16,026	Cost of FICA/Medicare
1203	SUI	1,886	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
<b>2000: CLIENT SUPPORT</b>		<b>23,763</b>	
2001	Child Care	-	
2002	Client Housing Support	8,700	Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, and household supplies.
2003	Client Transportation & Support	3,000	Provides bus passes, bus tokens or any transportation assistance for clients, such as taxi service or gas.
2004	Clothing, Food, & Hygiene	6,003	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	230	Assist with education expenses such as books and registration.
2006	Employment Support	230	Cost of employment assistance such as interview clothes, DMV records, ID Cards or birth certificates.
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2010	Utility Vouchers	-	
2011	Other (Program Supplies)	5,600	Cost to supply showers trailer with items such as soap, shampoo, and towels for client usage.
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		23,602	
3001	Telecommunications	4,125	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	67	Anticipated courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	2,460	Includes desk supplies & minor equipment used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	750	Minor shared cost for continuation of staff development and training. Also, includes HMIS training fees.
3006	Staff Mileage	180	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	100	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	15,750	Auto repairs & maintenance required to maintain 1 leased truck to haul client showers, 1 shared leased vehicle, and 2 county owned vans for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, fuel and DMV fees.
3009	Other (Staff Recruitment)	170	Thorough background check and drug testing.
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		35,726	
4001	Building Maintenance	8,194	Shared copier maintenance and minor building repairs and maintenance. Annual Janitorial Services to maintain client showers clean.
4002	Rent/Lease Building	8,640	Share cost of building space, anticipating moving locations.
4003	Rent/Lease Equipment	2,160	Shared copier lease.
4004	Rent/Lease Vehicles	13,012	The cost of 1 shared lease vehicles to assist with program and client needs and cost of 1 lease truck to haul client showers.
4005	Security	-	
4006	Utilities	3,720	Shared cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		11,886	
5001	Consultant (Network & Data Management)	11,686	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Psychiatrist Fees)	-	
5004	Translation Services	200	Anticipated translation services to assist clients.
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		50,186	
6001	Administrative Overhead	37,343	Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions. Limited at 10% per PATH Grant maximum.
6002	Professional Liability Insurance	3,483	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	9,360	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		2,600	
7001	Computer Equipment & Software	2,500	Computer software needs to support staff & anticipating shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	100	Anticipated shared cost for replacement of furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>410,777</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>410,777</b>



Projects For Assistance in Transition From Homelessness -OEL

Kings View Corporation

Fiscal Year (FY 2023-24)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.01	\$ -	\$ 838	\$ 838
1102	Executive Assistant	0.01	-	267	267
1103	Regional Director	0.02	-	2,752	2,752
1104	Program Manager	0.70	-	78,223	78,223
1105	Admin Specialist	0.26	-	13,396	13,396
1106	Outreach Worker	2.00	-	78,326	78,326
1107	Case Managers	0.94	-	41,959	41,959
1108					-
1109					-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
<b>Personnel Salaries Subtotal</b>		<b>3.93</b>	<b>\$ -</b>	<b>\$ 215,761</b>	<b>\$ 215,761</b>
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ -	\$ 2,805	\$ 2,805
1102	Worker's Compensation		-	5,394	5,394
1103	Health Insurance		-	28,480	28,480
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 36,679</b>	<b>\$ 36,679</b>
<b>Employee Benefits %:</b>					<b>0.156607987</b>
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ -	\$ -	\$ -
1202	FICA/MEDICARE		-	16,506	16,506
1203	SUI		-	1,942	1,942
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 18,448</b>	<b>\$ 18,448</b>
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 270,888</b>	<b>\$ 270,888</b>

<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	5,500
2003	Client Transportation & Support	3,000
2004	Clothing, Food, & Hygiene	3,550
2005	Education Support	225
2006	Employment Support	225
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	4,000
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 16,500</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 4,100
3002	Printing/Postage	67
3003	Office Supplies & Equipment	1,791
3004	Advertising	-
3005	Staff Development & Training	750
3006	Staff Mileage	180
3007	Subscriptions & Memberships	100
3008	Vehicle Maintenance	15,750
3009	Other (Staff Recruitment)	170
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 22,908</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 8,194
4002	Rent/Lease Building	8,640
4003	Rent/Lease Equipment	2,160
4004	Rent/Lease Vehicles	13,012
4005	Security	-
4006	Utilities	3,757
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 35,763</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>

5001	Consultant (Network & Data Management)	\$ 11,732
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Psychiatrist Fees)	-
5004	Translation Services	200
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 11,932</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ 37,343
6002	Professional Liability Insurance	3,483
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Liability):	9,360
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ 50,186</b>

<b>7000: FIXED ASSETS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
7001	Computer Equipment & Software	\$ 2,500
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ 2,600</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 410,777</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>0</b>		<b>\$ -</b>

Estimated % of Clients who are Medi-Cal Beneficiaries	0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	-
Federal Financial Participation (FFP) %	0%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ -</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
<b>REALIGNMENT TOTAL</b>		<b>\$ -</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 102,777
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 102,777</b>

8400 - OTHER REVENUE			
Acct #	Line Item Description		Amount
8401	Client Fees		\$ -
8402	Client Insurance		-
8403	Grants (Specify)	PATH	308,000
8404	Other (Specify)		-
8405	Other (Specify)		-
<b>OTHER REVENUE TOTAL</b>			<b>\$ 308,000</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 410,777</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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**Projects For Assistance in Transition From Homelessness -OEL**  
**Kings View Corporation**  
**Fiscal Year (FY 2023-24) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>270,888</b>	
<b>Employee Salaries</b>		<b>215,761</b>	
1101	Executive Director	838	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	267	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,752	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	78,223	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	13,396	Provides administrative support for the program.
1106	Outreach Worker	78,326	Provides outreach and engagement services, provides linkage to needed services.
1107	Case Managers	41,959	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>36,679</b>	
1101	Retirement	2,805	Cost of 401K
1102	Worker's Compensation	5,394	Workers Comp Insurance
1103	Health Insurance	28,480	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>18,448</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	16,506	Cost of FICA/Medicare
1203	SUI	1,942	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
<b>2000: CLIENT SUPPORT</b>		<b>16,500</b>	
2001	Child Care	-	
2002	Client Housing Support	5,500	Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, and household supplies.
2003	Client Transportation & Support	3,000	Provides bus passes, bus tokens or any transportation assistance for clients, such as taxi service or gas.
2004	Clothing, Food, & Hygiene	3,550	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	225	Assist with education expenses such as books and registration.
2006	Employment Support	225	Cost of employment assistance such as interview clothes, DMV records, ID Cards or birth certificates.
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2010	Utility Vouchers	-	
2011	Other (Program Supplies)	4,000	Cost to supply showers trailer with items such as soap, shampoo, and towels for client usage.
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		22,908	
3001	Telecommunications	4,100	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	67	Anticipated courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	1,791	Includes desk supplies & minor equipment used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	750	Minor shared cost for continuation of staff development and training. Also, includes HMIS training fees.
3006	Staff Mileage	180	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	100	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	15,750	Auto repairs & maintenance required to maintain 1 leased truck to haul client showers, 1 shared leased vehicle, and 2 county owned vans for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, fuel and DMV fees.
3009	Other (Staff Recruitment)	170	Thorough background check and drug testing.
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		35,763	
4001	Building Maintenance	8,194	Shared copier maintenance and minor building repairs and maintenance. Annual Janitorial Services to maintain client showers clean.
4002	Rent/Lease Building	8,640	Share cost of building space, anticipating moving locations.
4003	Rent/Lease Equipment	2,160	Shared copier lease.
4004	Rent/Lease Vehicles	13,012	The cost of 1 shared lease vehicles to assist with program and client needs and cost of 1 lease truck to haul client showers.
4005	Security	-	
4006	Utilities	3,757	Shared cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		11,932	
5001	Consultant (Network & Data Management)	11,732	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Psychiatrist Fees)	-	
5004	Translation Services	200	Anticipated translation services to assist clients.
5005	Other (Specify)	-	
5006	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
5007	Other (Specify)	-	
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		50,186	
6001	Administrative Overhead	37,343	Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions. Limited at 10% per PATH Grant maximum.
6002	Professional Liability Insurance	3,483	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	9,360	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		2,600	
7001	Computer Equipment & Software	2,500	Computer software needs to support staff & anticipating shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	100	Anticipated shared cost for replacement of furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 410,777**  
**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 410,777**

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Projects For Assistance in Transition From Homelessness -OEL

Kings View Corporation

Fiscal Year (FY 2024-25)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS						
Employee Salaries						
Acct #	Position	FTE	Admin	Direct	Total	
1101	Executive Director	0.01	\$ -	\$ 863	\$ 863	
1102	Executive Assistant	0.01	-	275	275	
1103	Regional Director	0.02	-	2,834	2,834	
1104	Program Manager	0.70	-	80,563	80,563	
1105	Admin Specialist	0.26	-	13,798	13,798	
1106	Outreach Worker	2.00	-	80,683	80,683	
1107	Case Managers	0.80	-	36,780	36,780	
1108					-	
1109					-	
1110			-	-	-	
1111			-	-	-	
1112			-	-	-	
1113			-	-	-	
1114			-	-	-	
1115			-	-	-	
1116			-	-	-	
1117			-	-	-	
1118			-	-	-	
1119			-	-	-	
1120			-	-	-	
<b>Personnel Salaries Subtotal</b>		<b>3.79</b>	<b>\$ -</b>	<b>\$ 215,796</b>	<b>\$ 215,796</b>	
Employee Benefits						
Acct #	Description		Admin	Direct	Total	
1101	Retirement		\$ -	\$ 2,805	\$ 2,805	
1102	Worker's Compensation		-	5,395	5,395	
1103	Health Insurance		-	28,486	28,486	
1104	Other (Specify)		-	-	-	
1105	Other (Specify)		-	-	-	
1106	Other (Specify)		-	-	-	
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 36,686</b>	<b>\$ 36,686</b>	
					<b>Employee Benefits %:</b>	<b>0.156613133</b>
Payroll Taxes & Expenses:						
Acct #	Description		Admin	Direct	Total	
1201	OASDI		\$ -	\$ -	\$ -	
1202	FICA/MEDICARE		-	16,508	16,508	
1203	SUI		-	1,942	1,942	
1204	Other (Specify)		-	-	-	
1205	Other (Specify)		-	-	-	
1206	Other (Specify)		-	-	-	
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 18,450</b>	<b>\$ 18,450</b>	
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 270,932</b>	<b>\$ 270,932</b>	



<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	5,800
2003	Client Transportation & Support	3,000
2004	Clothing, Food, & Hygiene	4,600
2005	Education Support	225
2006	Employment Support	225
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	5,000
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 18,850</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 4,100
3002	Printing/Postage	67
3003	Office Supplies & Equipment	1,791
3004	Advertising	-
3005	Staff Development & Training	750
3006	Staff Mileage	180
3007	Subscriptions & Memberships	100
3008	Vehicle Maintenance	15,750
3009	Other (Staff Recruitment)	170
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 22,908</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 8,113
4002	Rent/Lease Building	8,640
4003	Rent/Lease Equipment	2,160
4004	Rent/Lease Vehicles	13,012
4005	Security	-
4006	Utilities	3,757
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 35,682</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>

5001	Consultant (Network & Data Management)	\$ 11,744
5002	HMIS (Health Management Information System)	
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	200
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 11,944</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ 37,343
6002	Professional Liability Insurance	3,483
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Liability):	9,360
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ 50,186</b>

<b>7000: FIXED ASSETS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
7001	Computer Equipment & Software	\$ 175
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ 275</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 410,777</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>0</b>		<b>\$ -</b>

Estimated % of Clients who are Medi-Cal Beneficiaries	0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	-
Federal Financial Participation (FFP) %	0%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ -</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
<b>REALIGNMENT TOTAL</b>		<b>\$ -</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 102,777
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 102,777</b>

8400 - OTHER REVENUE			
Acct #	Line Item Description		Amount
8401	Client Fees		\$ -
8402	Client Insurance		-
8403	Grants (Specify)	PATH	308,000
8404	Other (Specify)		-
8405	Other (Specify)		-
<b>OTHER REVENUE TOTAL</b>			<b>\$ 308,000</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 410,777</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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**Projects For Assistance in Transition From Homelessness -OEL**  
**Kings View Corporation**  
**Fiscal Year (FY 2024-25) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>270,932</b>	
<b>Employee Salaries</b>		<b>215,796</b>	
1101	Executive Director	863	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	275	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,834	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	80,563	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	13,798	Provides administrative support for the program.
1106	Outreach Worker	80,683	Provides outreach and engagement services, provides linkage to needed services.
1107	Case Managers	36,780	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>36,686</b>	
1101	Retirement	2,805	Cost of 401K
1102	Worker's Compensation	5,395	Workers Comp Insurance
1103	Health Insurance	28,486	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>18,450</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	16,508	Cost of FICA/Medicare
1203	SUI	1,942	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
<b>2000: CLIENT SUPPORT</b>		<b>18,850</b>	
2001	Child Care	-	
2002	Client Housing Support	5,800	Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, and household supplies.
2003	Client Transportation & Support	3,000	Provides bus passes, bus tokens or any transportation assistance for clients, such as taxi service or gas.
2004	Clothing, Food, & Hygiene	4,600	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	225	Assist with education expenses such as books and registration.
2006	Employment Support	225	Cost of employment assistance such as interview clothes, DMV records, ID Cards or birth certificates.
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2010	Utility Vouchers	-	
2011	Other (Program Supplies)	5,000	Cost to supply showers trailer with items such as soap, shampoo, and towels for client usage.
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		22,908	
3001	Telecommunications	4,100	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	67	Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	1,791	Includes desk supplies & minor equipment used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	750	Minor shared cost for continuation of staff development and training. Also, includes HMIS training fees.
3006	Staff Mileage	180	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	100	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	15,750	Auto repairs & maintenance required to maintain 1 leased truck to haul client showers, 1 shared leased vehicle, and 2 county owned vans for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, fuel and DMV fees.
3009	Other (Staff Recruitment)	170	Thorough background check and drug testing.
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		35,682	
4001	Building Maintenance	8,113	Shared copier maintenance and minor building repairs and maintenance. Annual Janitorial Services to maintain client showers clean.
4002	Rent/Lease Building	8,640	Share cost of building space, anticipating moving locations.
4003	Rent/Lease Equipment	2,160	Shared copier lease.
4004	Rent/Lease Vehicles	13,012	The cost of 1 shared lease vehicles to assist with program and client needs and cost of 1 lease truck to haul client showers.
4005	Security	-	
4006	Utilities	3,757	Shared cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		11,944	
5001	Consultant (Network & Data Management)	11,744	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	200	Anticipated translation services to assist clients.
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		50,186	
6001	Administrative Overhead	37,343	Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions. Limited at 10% per PATH Grant maximum.
6002	Professional Liability Insurance	3,483	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	9,360	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		275	
7001	Computer Equipment & Software	175	Computer software needs to support staff & anticipating shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	100	Anticipated shared cost for replacement of furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>410,777</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>410,777</b>

Projects For Assistance in Transition From Homelessness -OEL

Kings View Corporation

Fiscal Year (FY 2025-26)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.01	\$ -	\$ 889	\$ 889
1102	Executive Assistant	0.01	-	283	283
1103	Regional Director	0.02	-	2,919	2,919
1104	Program Manager	0.70	-	82,977	82,977
1105	Admin Specialist	0.26	-	14,210	14,210
1106	Outreach Worker	2.00	-	83,082	83,082
1107	Case Managers	0.80	-	37,886	37,886
1108					-
1109					-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
<b>Personnel Salaries Subtotal</b>		<b>3.79</b>	<b>\$ -</b>	<b>\$ 222,246</b>	<b>\$ 222,246</b>
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ -	\$ 2,890	\$ 2,890
1102	Worker's Compensation		-	5,556	5,556
1103	Health Insurance		-	29,337	29,337
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 37,783</b>	<b>\$ 37,783</b>
<b>Employee Benefits %:</b>					<b>0.15661477</b>
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ -	\$ -	\$ -
1202	FICA/MEDICARE		-	17,002	17,002
1203	SUI		-	2,000	2,000
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 19,002</b>	<b>\$ 19,002</b>
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 279,031</b>	<b>\$ 279,031</b>

<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	4,000
2003	Client Transportation & Support	2,100
2004	Clothing, Food, & Hygiene	2,900
2005	Education Support	200
2006	Employment Support	200
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	2,326
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 11,726</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 4,100
3002	Printing/Postage	67
3003	Office Supplies & Equipment	866
3004	Advertising	-
3005	Staff Development & Training	750
3006	Staff Mileage	180
3007	Subscriptions & Memberships	100
3008	Vehicle Maintenance	15,750
3009	Other (Staff Recruitment)	170
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 21,983</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 8,113
4002	Rent/Lease Building	8,640
4003	Rent/Lease Equipment	2,160
4004	Rent/Lease Vehicles	13,012
4005	Security	-
4006	Utilities	3,757
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 35,682</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>



5001	Consultant (Network & Data Management)	\$ 11,744
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	200
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 11,944</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ 37,343
6002	Professional Liability Insurance	3,483
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Liability):	9,360
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ 50,186</b>

<b>7000: FIXED ASSETS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
7001	Computer Equipment & Software	\$ 175
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	50
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ 225</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 410,777</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>0</b>		<b>\$ -</b>

Estimated % of Clients who are Medi-Cal Beneficiaries	0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	-
Federal Financial Participation (FFP) %	0%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ -</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
<b>REALIGNMENT TOTAL</b>		<b>\$ -</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 102,777
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 102,777</b>

8400 - OTHER REVENUE			
Acct #	Line Item Description		Amount
8401	Client Fees		\$ -
8402	Client Insurance		-
8403	Grants (Specify)	PATH	308,000
8404	Other (Specify)		-
8405	Other (Specify)		-
<b>OTHER REVENUE TOTAL</b>			<b>\$ 308,000</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 410,777</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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**Projects For Assistance in Transition From Homelessness -OEL**  
**Kings View Corporation**  
**Fiscal Year (FY 2025-26) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>279,031</b>	
<b>Employee Salaries</b>		<b>222,246</b>	
1101	Executive Director	889	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	283	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,919	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	82,977	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	14,210	Provides administrative support for the program and assist with medical billing and records.
1106	Outreach Worker	83,082	Provides outreach and engagement services, provides linkage to needed services.
1107	Case Managers	37,886	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>37,783</b>	
1101	Retirement	2,890	Cost of 401K
1102	Worker's Compensation	5,556	Workers Comp Insurance
1103	Health Insurance	29,337	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>19,002</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	17,002	Cost of FICA/Medicare
1203	SUI	2,000	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	

<b>2000: CLIENT SUPPORT</b>		<b>11,726</b>	
2001	Child Care	-	
2002	Client Housing Support	4,000	Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, and household supplies.
2003	Client Transportation & Support	2,100	Provides bus passes, bus tokens or any transportation assistance for clients, such as taxi service or gas.
2004	Clothing, Food, & Hygiene	2,900	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	200	Assist with education expenses such as books and registration.
2006	Employment Support	200	Cost of employment assistance such as interview clothes, DMV records, ID Cards or birth certificates.
2007	Household Items for Clients	-	
2008	Medication Supports	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (Program Supplies)	2,326	Cost to supply showers trailer with items such as soap, shampoo, and towels for client usage.
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		21,983	
3001	Telecommunications	4,100	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	67	Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	866	Includes desk supplies & minor equipment used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	750	Minor shared cost for continuation of staff development and training. Also, includes HMIS training fees.
3006	Staff Mileage	180	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	100	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	15,750	Auto repairs & maintenance required to maintain 1 leased truck to haul client showers, 1 shared leased vehicle, and 2 county owned vans for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, fuel and DMV fees.
3009	Other (Staff Recruitment)	170	Thorough background check and drug testing.
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		35,682	
4001	Building Maintenance	8,113	Shared copier maintenance and minor building repairs and maintenance. Annual Janitorial Services to maintain client showers clean.
4002	Rent/Lease Building	8,640	Share cost of building space, anticipating moving locations.
4003	Rent/Lease Equipment	2,160	Shared copier lease.
4004	Rent/Lease Vehicles	13,012	The cost of 1 shared lease vehicles to assist with program and client needs and cost of 1 lease truck to haul client showers.
4005	Security	-	
4006	Utilities	3,757	Shared cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		11,944	
5001	Consultant (Network & Data Management)	11,744	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	200	Anticipated translation services to assist clients.
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		50,186	
6001	Administrative Overhead	37,343	Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions. Limited at 10% per PATH Grant maximum.
6002	Professional Liability Insurance	3,483	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	9,360	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		225	
7001	Computer Equipment & Software	175	Computer software needs to support staff & anticipating shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	50	Anticipated shared cost for replacement of furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>410,777</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>410,777</b>

PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2021-22)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS						
Employee Salaries						
Acct #	Position	FTE	Admin	Direct	Total	
1101	Executive Director	0.01	\$ -	\$ 790	\$ 790	
1102	Executive Assistant	0.01	-	252	252	
1103	Regional Director	0.02	-	2,593	2,593	
1104	Program Manager	0.30	-	31,603	31,603	
1105	Admin Specialist	0.08	-	3,885	3,885	
1106	Case Managers	0.80	-	33,654	33,654	
1107					-	
1108					-	
1109			-	-	-	
1110			-	-	-	
1111			-	-	-	
1112			-	-	-	
1113			-	-	-	
1114			-	-	-	
1115			-	-	-	
1116			-	-	-	
1117			-	-	-	
1118			-	-	-	
1119			-	-	-	
1120			-	-	-	
<b>Personnel Salaries Subtotal</b>		<b>1.21</b>	<b>\$ -</b>	<b>\$ 72,777</b>	<b>\$ 72,777</b>	
Employee Benefits						
Acct #	Description		Admin	Direct	Total	
1101	Retirement		\$ -	\$ 1,375	\$ 1,375	
1102	Worker's Compensation		-	1,812	1,812	
1103	Health Insurance		-	6,819	6,819	
1104	Other (Specify)		-	-	-	
1105	Other (specify)		-	-	-	
1106	Other (specify)		-	-	-	
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 10,006</b>	<b>\$ 10,006</b>	
<b>Employee Benefits %:</b>					<b>\$ 0.13</b>	
Payroll Taxes & Expenses:						
Acct #	Description		Admin	Direct	Total	
1201	OASDI		\$ -	\$ -	\$ -	
1202	FICA/MEDICARE		-	5,568	5,568	
1203	SUI		-	437	437	
1204	Other (specify)		-	-	-	
1205	Other (specify)		-	-	-	
1206	Other (specify)		-	-	-	
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 6,005</b>	<b>\$ 6,005</b>	
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 88,788</b>	<b>\$ 88,788</b>	

<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	25,000
2003	Client Transportation & Support	
2004	Clothing, Food, & Hygiene	740
2005	Education Support	
2006	Employment Support	
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	2,372
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 28,112</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 1,330
3002	Printing/Postage	350
3003	Office Supplies & Equipment	1,023
3004	Advertising	-
3005	Staff Development & Training	640
3006	Staff Mileage	150
3007	Subscriptions & Memberships	50
3008	Vehicle Maintenance	2,167
3009	Other (Staff Recruitment)	300
3010	Other (specify)	
3011	Other (specify)	-
3012	Other (specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 6,010</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 1,324
4002	Rent/Lease Building	2,052
4003	Rent/Lease Equipment	240
4004	Rent/Lease Vehicles	830
4005	Security	-
4006	Utilities	675
4007	Other (specify)	
4008	Other (specify)	
4009	Other (specify)	
4010	Other (specify)	
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 5,121</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>

5001	Consultant (Network & Data Management)	\$	5,046
5002	HMIS (Health Management Information System)		-
5003	Contractual/Consulting Services (Psychiatrist Fees)		34,571
5004	Translation Services		-
5005	Other (specify)		-
5006	Other (specify)		-
5007	Other (specify)		-
5008	Other (specify)		-
<b>SPECIAL EXPENSES TOTAL:</b>			<b>\$ 39,617</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>			
<b>Acct #</b>	<b>Line Item Description</b>		<b>Amount</b>
6001	Administrative Overhead	\$	20,789
6002	Professional Liability Insurance		1,680
6003	Accounting/Bookkeeping		-
6004	External Audit		-
6005	Insurance (Liability)		360
6006	Payroll Services		-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)		-
6008	Other (specify)		-
6009	Other (specify)		-
6010	Other (specify)		-
6011	Other (specify)		-
6012	Other (specify)		-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>			<b>\$ 22,829</b>

<b>7000: FIXED ASSETS</b>			
<b>Acct #</b>	<b>Line Item Description</b>		<b>Amount</b>
7001	Computer Equipment & Software	\$	3,050
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data		-
7003	Furniture & Fixtures		500
7004	Leasehold/Tenant/Building Improvements		-
7005	Other Assets over \$500 with Lifespan of 2 Years +		-
7006	Assets over \$5,000/unit (Specify)		-
7007	Other (specify)		-
7008	Other (specify)		-
<b>FIXED ASSETS EXPENSES TOTAL</b>			<b>\$ 3,550</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 194,027</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services		-	\$ -
8002	Case Management	160	3.75	600
8003	Crisis Services	64	6.75	432
8004	Medication Support	2,870	8.00	22,960
8005	Collateral			-
8006	Plan Development	850	4.50	3,825
8007	Assessment	2,950	4.50	13,275
8008	Rehabilitation	33,838	4.50	152,271
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>40,732</b>		<b>\$ 193,363</b>



Estimated % of Clients who are Medi-Cal Beneficiaries	75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	145,022
Federal Financial Participation (FFP) %	85%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ 123,269</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
<b>REALIGNMENT TOTAL</b>		<b>\$ -</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 69,756
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 69,756</b>

8400 - OTHER REVENUE			
Acct #	Line Item Description		Amount
8401	Client Fees		\$ -
8402	Client Insurance		-
8403	Grants (Specify)		-
8404	Other Revenue 1	Client Rents	1,002
8405	Other Revenue 2		-
<b>OTHER REVENUE TOTAL</b>			<b>\$ 1,002</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 194,027</b>
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<b>NET PROGRAM COST:</b>	<b>\$ 0</b>
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**PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2021-22) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>88,788</b>	
<b>Employee Salaries</b>		<b>72,777</b>	
1101	Executive Director	790	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	252	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,593	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	31,603	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	3,885	Provides administrative support for the program and assist with medical billing and records.
1106	Case Managers	33,654	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>10,006</b>	
1101	Retirement	1,375	Cost of 401K
1102	Worker's Compensation	1,812	Workers Comp Insurance
1103	Health Insurance	6,819	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (specify)	-	
1106	Other (specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>6,005</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	5,568	Cost of FICA/Medicare
1203	SUI	437	Cost of SUI
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
<b>2000: CLIENT SUPPORT</b>		<b>28,112</b>	
2001	Child Care	-	
2002	Client Housing Support	25,000	Support clients with rent, security deposits, board and care, emergency housing such as hotels/motels, groceries and household supplies.
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	740	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (Program Supplies)	2,372	Cost of supplies for client groups such as notepads, therapy balls, puzzles or art supplies.

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

3000: OPERATING EXPENSES		6,010	
3001	Telecommunications	1,330	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	350	Anticipated courier services and postage necessary for program. Business cards and other special printing in bulk that are less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	1,023	Includes all supplies used by staff in the course of providing services. Also, includes program supplies such as snacks for clients or outreach supplies.
3004	Advertising	-	
3005	Staff Development & Training	640	Minor shared cost for continuation of staff development and training. Also includes HMIS training fees.
3006	Staff Mileage	150	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	50	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	2,167	Minor auto repairs & maintenance required to maintain 1 shared leased vehicle for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, auto fuel, and DMV fees.
3009	Other (Staff Recruitment)	300	Thorough background check and drug testing.
3010	Other (specify)	-	
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: FACILITIES & EQUIPMENT		5,121	
4001	Building Maintenance	1,324	Shared copier maintenance and minor building repairs and maintenance.
4002	Rent/Lease Building	2,052	Building space lease, anticipating moving locations.
4003	Rent/Lease Equipment	240	Shared copier lease.
4004	Rent/Lease Vehicles	830	The cost of 2 shared lease vehicles to assist with program needs.
4005	Security	-	
4006	Utilities	675	The cost of gas and electric.
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: SPECIAL EXPENSES		39,617	
5001	Consultant (Network & Data Management)	5,046	Kings View Information Technology Department (KVIT) will provide hardware and software support for successful data collection. A database will be designed for this program. KVIT will procure equipment, software & other services from approved & authorized vendors. Provide online, onsite, or phone-based emergency support-24/7 from the KVIT Help Desk.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Psychiatrist Fees)	34,571	Yearly cost to contract with Physician to provide services and treatments to clients at 4 hours per week.
5004	Translation Services	-	
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

6000: ADMINISTRATIVE EXPENSES		22,829	
6001	Administrative Overhead	20,789	Expenses provides program management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	1,680	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability)	360	Cost of personal property, accidental and auto insurance.

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (specify)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	

7000: FIXED ASSETS		3,550	
7001	Computer Equipment & Software	3,050	Computer software needs to support staff & anticipated shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	500	Anticipated shared cost for replacement furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 194,027**  
**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 194,027**

PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2022-23)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.01		\$ 813	\$ 813
1102	Executive Assistant	0.01		259	259
1103	Regional Director	0.02		2,671	2,671
1104	Program Manager	0.30		32,551	32,551
1105	Admin Specialist	0.08		4,002	4,002
1106	Case Managers	1.06		45,930	45,930
1107					-
1108					-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
<b>Personnel Salaries Subtotal</b>		<b>1.47</b>	<b>\$ -</b>	<b>\$ 86,226</b>	<b>\$ 86,226</b>
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ -	\$ 1,630	\$ 1,630
1102	Worker's Compensation		-	2,147	2,147
1103	Health Insurance		-	8,080	8,080
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 11,857</b>	<b>\$ 11,857</b>
<b>Employee Benefits %:</b>					<b>0.127031573</b>
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ -		\$ -
1202	FICA/MEDICARE		-	6,596	6,596
1203	SUI		-	517	517
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 7,113</b>	<b>\$ 7,113</b>
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 105,196</b>	<b>\$ 105,196</b>

<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	39,691
2003	Client Transportation & Support	
2004	Clothing, Food, & Hygiene	2,115
2005	Education Support	
2006	Employment Support	
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	2,000
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 43,806</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 1,330
3002	Printing/Postage	250
3003	Office Supplies & Equipment	1,174
3004	Advertising	-
3005	Staff Development & Training	835
3006	Staff Mileage	150
3007	Subscriptions & Memberships	50
3008	Vehicle Maintenance	1,020
3009	Other (Staff Recruitment)	300
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 5,109</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 1,224
4002	Rent/Lease Building	2,052
4003	Rent/Lease Equipment	240
4004	Rent/Lease Vehicles	830
4005	Security	
4006	Utilities	675
4007	Other (Specify)	
4008	Other (Specify)	
4009	Other (Specify)	-
4010	Other (Specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 5,021</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>

5001	Consultant (Network & Data Management)	\$ 5,937
5002	HMIS (Health Management Information System)	
5003	Contractual/Consulting Services (Psychiatrist Fees)	34,571
5004	Translation Services	-
5005	Other (Specify)	
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 40,508</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ 24,459
6002	Professional Liability Insurance	1,680
6003	Accounting/Bookkeeping	
6004	External Audit	
6005	Insurance (Liability):	360
6006	Payroll Services	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	
6009	Other (Specify)	
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ 26,499</b>

<b>7000: FIXED ASSETS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
7001	Computer Equipment & Software	\$ 2,050
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	
7003	Furniture & Fixtures	100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ 2,150</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 228,289</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services			\$ -
8002	Case Management	164	3.75	615
8003	Crisis Services	61	6.75	412
8004	Medication Support	2,981	8.25	24,593
8005	Collateral			-
8006	Plan Development	2,000	4.50	9,000
8007	Assessment	2,965	4.50	13,343
8008	Rehabilitation	39,829	5.00	199,145
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>48,000</b>		<b>\$ 247,108</b>

Estimated % of Clients who are Medi-Cal Beneficiaries	75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	185,331
Federal Financial Participation (FFP) %	85%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ 157,531</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ (0)
<b>REALIGNMENT TOTAL</b>		<b>\$ (0)</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 69,756
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 69,756</b>

8400 - OTHER REVENUE			
Acct #	Line Item Description	Amount	
8401	Client Fees	\$ -	
8402	Client Insurance	-	
8403	Grants (Specify)		
8404	Other (Specify)	Client Rents	1,002
8405	Other (Specify)		-
<b>OTHER REVENUE TOTAL</b>		<b>\$ 1,002</b>	

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 228,289</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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**PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2022-23) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>105,196</b>	
<b>Employee Salaries</b>		<b>86,226</b>	
1101	Executive Director	813	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	259	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,671	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	32,551	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	4,002	Provides administrative support for the program and assist with medical billing and records.
1106	Case Managers	45,930	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>11,857</b>	
1101	Retirement	1,630	Cost of 401K
1102	Worker's Compensation	2,147	Workers Comp Insurance
1103	Health Insurance	8,080	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>7,113</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	6,596	Cost of FICA/Medicare
1203	SUI	517	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
<b>2000: CLIENT SUPPORT</b>		<b>43,806</b>	
2001	Child Care	-	
2002	Client Housing Support	39,691	Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, and household supplies.
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	2,115	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2011	Other (Program Supplies)	2,000	Cost of supplies for client groups such as notepads, therapy balls, puzzles or art supplies.
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

<b>3000: OPERATING EXPENSES</b>		<b>5,109</b>	
3001	Telecommunications	1,330	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	250	Anticipated courier services and postage necessary for program. Business cards and other special printing in bulk that are less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	1,174	Includes all supplies and minor equipment used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	835	Minor shared cost for continuation of staff development and training. Also, includes HMIS training fees.
3006	Staff Mileage	150	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	50	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	1,020	Minor auto repairs & maintenance required to maintain 1 shared leased vehicle for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, auto fuel, and DMV fees.
3009	Other (Staff Recruitment)	300	Thorough background check and drug testing.
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

<b>4000: FACILITIES &amp; EQUIPMENT</b>		<b>5,021</b>	
4001	Building Maintenance	1,224	Shared copier maintenance, minor building repairs and maintenance to facility.
4002	Rent/Lease Building	2,052	Share cost of building space, anticipating moving locations.
4003	Rent/Lease Equipment	240	Shared copier lease.
4004	Rent/Lease Vehicles	830	The cost of 1 shared lease vehicles to assist with program needs.
4005	Security	-	
4006	Utilities	675	Shared cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

<b>5000: SPECIAL EXPENSES</b>		<b>40,508</b>	
5001	Consultant (Network & Data Management)	5,937	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Psychiatrist Fees)	34,571	Yearly cost to contract with Physician to provide services and treatments to clients at 4 hours per week.
5004	Translation Services	-	
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

<b>6000: ADMINISTRATIVE EXPENSES</b>		<b>26,499</b>	
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ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6001	Administrative Overhead	24,459	Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	1,680	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	360	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		2,150	
7001	Computer Equipment & Software	2,050	Computer software needs to support staff & anticipated shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	100	Anticipated shared cost for replacement of furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>228,289</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>228,289</b>

PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2023-24)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.01		\$ 838	\$ 838
1102	Executive Assistant	0.01		267	267
1103	Regional Director	0.02		2,752	2,752
1104	Program Manager	0.30		33,524	33,524
1105	Admin Specialist	0.08		4,122	4,122
1106	Case Managers	1.06		47,314	47,314
1107					-
1108					-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
<b>Personnel Salaries Subtotal</b>		<b>1.47</b>	<b>\$ -</b>	<b>\$ 88,817</b>	<b>\$ 88,817</b>
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ -	\$ 1,679	\$ 1,679
1102	Worker's Compensation		-	2,212	2,212
1103	Health Insurance		-	8,322	8,322
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 12,213</b>	<b>\$ 12,213</b>
<b>Employee Benefits %:</b>					<b>0.127026886</b>
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ -		\$ -
1202	FICA/MEDICARE		-	6,795	6,795
1203	SUI		-	533	533
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 7,328</b>	<b>\$ 7,328</b>
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 108,358</b>	<b>\$ 108,358</b>

<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	36,004
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	2,115
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	2,000
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 40,119</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 1,330
3002	Printing/Postage	250
3003	Office Supplies & Equipment	1,174
3004	Advertising	-
3005	Staff Development & Training	835
3006	Staff Mileage	150
3007	Subscriptions & Memberships	50
3008	Vehicle Maintenance	1,020
3009	Other (Staff Recruitment)	300
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 5,109</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 1,224
4002	Rent/Lease Building	2,052
4003	Rent/Lease Equipment	240
4004	Rent/Lease Vehicles	830
4005	Security	-
4006	Utilities	675
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 5,021</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>

5001	Consultant (Network & Data Management)	\$ 5,937
5002	HMIS (Health Management Information System)	
5003	Contractual/Consulting Services (Psychiatrist Fees)	35,096
5004	Translation Services	-
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 41,033</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ 24,459
6002	Professional Liability Insurance	1,680
6003	Accounting/Bookkeeping	
6004	External Audit	
6005	Insurance (Liability):	360
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ 26,499</b>

<b>7000: FIXED ASSETS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
7001	Computer Equipment & Software	\$ 2,050
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ 2,150</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 228,289</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services			\$ -
8002	Case Management	164	3.75	615
8003	Crisis Services	61	6.75	412
8004	Medication Support	2,981	8.25	24,593
8005	Collateral			-
8006	Plan Development	2,000	4.50	9,000
8007	Assessment	2,965	4.50	13,343
8008	Rehabilitation	39,829	5.00	199,145
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>48,000</b>		<b>\$ 247,108</b>

Estimated % of Clients who are Medi-Cal Beneficiaries	75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	185,331
Federal Financial Participation (FFP) %	85%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ 157,531</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ (0)
<b>REALIGNMENT TOTAL</b>		<b>\$ (0)</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 69,756
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 69,756</b>

8400 - OTHER REVENUE			
Acct #	Line Item Description	Amount	
8401	Client Fees	\$ -	
8402	Client Insurance	-	
8403	Grants (Specify)	-	
8404	Other (Specify)	Client Rents	1,002
8405	Other (Specify)	-	
<b>OTHER REVENUE TOTAL</b>		<b>\$ 1,002</b>	

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 228,289</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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**PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2023-24) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>108,358</b>	
<b>Employee Salaries</b>		<b>88,817</b>	
1101	Executive Director	838	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	267	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,752	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	33,524	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	4,122	Provides administrative support for the program and assist with medical billing and records.
1106	Case Managers	47,314	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>12,213</b>	
1101	Retirement	1,679	Cost of 401K
1102	Worker's Compensation	2,212	Workers Comp Insurance
1103	Health Insurance	8,322	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>7,328</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	6,795	Cost of FICA/Medicare
1203	SUI	533	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
<b>2000: CLIENT SUPPORT</b>		<b>40,119</b>	
2001	Child Care	-	
2002	Client Housing Support	36,004	Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, and household supplies.
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	2,115	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	



ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2011	Other (Program Supplies)	2,000	Cost of supplies for client groups such as notepads, therapy balls, puzzles or art supplies.
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

<b>3000: OPERATING EXPENSES</b>		<b>5,109</b>	
3001	Telecommunications	1,330	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	250	Anticipated courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	1,174	Includes all supplies and minor equipment used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	835	Minor shared cost for continuation of staff development and training. Also, includes HMIS training fees.
3006	Staff Mileage	150	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	50	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	1,020	Minor auto repairs & maintenance required to maintain 1 shared leased vehicle for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, auto fuel, and DMV fees.
3009	Other (Staff Recruitment)	300	Thorough background check and drug testing.
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

<b>4000: FACILITIES &amp; EQUIPMENT</b>		<b>5,021</b>	
4001	Building Maintenance	1,224	Shared copier maintenance, minor building repairs and maintenance to facility.
4002	Rent/Lease Building	2,052	Share cost of building space, anticipating moving locations.
4003	Rent/Lease Equipment	240	Shared copier lease.
4004	Rent/Lease Vehicles	830	The cost of 1 shared lease vehicles to assist with program needs.
4005	Security	-	
4006	Utilities	675	Shared cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

<b>5000: SPECIAL EXPENSES</b>		<b>41,033</b>	
5001	Consultant (Network & Data Management)	5,937	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Psychiatrist Fees)	35,096	Yearly cost to contract with Physician to provide services and treatments to clients at 4 hours per week.
5004	Translation Services	-	
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

<b>6000: ADMINISTRATIVE EXPENSES</b>		<b>26,499</b>	
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ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6001	Administrative Overhead	24,459	Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	1,680	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	360	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		2,150	
7001	Computer Equipment & Software	2,050	Computer software needs to support staff & anticipated shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	100	Anticipated shared cost for replacement of furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>228,289</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>228,289</b>

PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2024-25)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.01		\$ 863	\$ 863
1102	Executive Assistant	0.01		275	275
1103	Regional Director	0.02		2,834	2,834
1104	Program Manager	0.30		34,527	34,527
1105	Admin Specialist	0.08		4,245	4,245
1106	Case Managers	1.20		55,171	55,171
1107					-
1108					-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
<b>Personnel Salaries Subtotal</b>		<b>1.61</b>	<b>\$ -</b>	<b>\$ 97,915</b>	<b>\$ 97,915</b>
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ -	\$ 1,851	\$ 1,851
1102	Worker's Compensation		-	2,438	2,438
1103	Health Insurance		-	9,175	9,175
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 13,464</b>	<b>\$ 13,464</b>
<b>Employee Benefits %:</b>					<b>0.127027257</b>
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ -	\$ -	\$ -
1202	FICA/MEDICARE		-	7,491	7,491
1203	SUI		-	587	587
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 8,078</b>	<b>\$ 8,078</b>
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 119,457</b>	<b>\$ 119,457</b>

<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	23,798
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	2,115
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	2,000
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 27,913</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 1,330
3002	Printing/Postage	250
3003	Office Supplies & Equipment	974
3004	Advertising	-
3005	Staff Development & Training	835
3006	Staff Mileage	150
3007	Subscriptions & Memberships	50
3008	Vehicle Maintenance	1,020
3009	Other (Staff Recruitment)	300
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 4,909</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 1,224
4002	Rent/Lease Building	2,177
4003	Rent/Lease Equipment	240
4004	Rent/Lease Vehicles	830
4005	Security	-
4006	Utilities	740
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 5,211</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>

5001	Consultant (Network & Data Management)	\$ 5,937
5002	HMIS (Health Management Information System)	
5003	Contractual/Consulting Services (Psychiatrist Fees)	36,149
5004	Translation Services	-
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 42,086</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ 24,459
6002	Professional Liability Insurance	1,730
6003	Accounting/Bookkeeping	
6004	External Audit	
6005	Insurance (Liability):	374
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ 26,563</b>

<b>7000: FIXED ASSETS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
7001	Computer Equipment & Software	\$ 2,050
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ 2,150</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 228,289</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services			\$ -
8002	Case Management	164	3.75	615
8003	Crisis Services	61	6.75	412
8004	Medication Support	2,981	8.25	24,593
8005	Collateral			-
8006	Plan Development	2,000	4.50	9,000
8007	Assessment	2,965	4.50	13,343
8008	Rehabilitation	39,829	5.00	199,145
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>48,000</b>		<b>\$ 247,108</b>

Estimated % of Clients who are Medi-Cal Beneficiaries	75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	185,331
Federal Financial Participation (FFP) %	85%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ 157,531</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ (0)
<b>REALIGNMENT TOTAL</b>		<b>\$ (0)</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 69,756
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 69,756</b>

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	Client Rents 1,002
8404	Other (Specify)	-
8405	Other (Specify)	-
<b>OTHER REVENUE TOTAL</b>		<b>\$ 1,002</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 228,289</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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**PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2024-25) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>119,457</b>	
<b>Employee Salaries</b>		<b>97,915</b>	
1101	Executive Director	863	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	275	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,834	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	34,527	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	4,245	Provides administrative support for the program and assist with medical billing and records.
1106	Case Managers	55,171	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>13,464</b>	
1101	Retirement	1,851	Cost of 401K
1102	Worker's Compensation	2,438	Workers Comp Insurance
1103	Health Insurance	9,175	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>8,078</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	7,491	Cost of FICA/Medicare
1203	SUI	587	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
<b>2000: CLIENT SUPPORT</b>		<b>27,913</b>	
2001	Child Care	-	
2002	Client Housing Support	23,798	Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, and household supplies.
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	2,115	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2011	Other (Program Supplies)	2,000	Cost of supplies for client groups such as notepads, therapy balls, puzzles or art supplies.
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		4,909	
3001	Telecommunications	1,330	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	250	Anticipated courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	974	Includes all supplies and minor equipment used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	835	Minor shared cost for continuation of staff development and training. Also, includes HMIS training fees.
3006	Staff Mileage	150	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	50	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	1,020	Minor auto repairs & maintenance required to maintain 1 shared leased vehicle for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, auto fuel, and DMV fees.
3009	Other (Staff Recruitment)	300	Thorough background check and drug testing.
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		5,211	
4001	Building Maintenance	1,224	Shared copier maintenance, minor building repairs and maintenance to facility.
4002	Rent/Lease Building	2,177	Share cost of building space, anticipating moving locations.
4003	Rent/Lease Equipment	240	Shared copier lease.
4004	Rent/Lease Vehicles	830	The cost of 1 shared lease vehicles to assist with program needs.
4005	Security	-	
4006	Utilities	740	Shared cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		42,086	
5001	Consultant (Network & Data Management)	5,937	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Psychiatrist Fees)	36,149	Yearly cost to contract with Physician to provide services and treatments to clients at 4 hours per week.
5004	Translation Services	-	
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		26,563	
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ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6001	Administrative Overhead	24,459	Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	1,730	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	374	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		2,150	
7001	Computer Equipment & Software	2,050	Computer software needs to support staff & anticipated shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	100	Anticipated shared cost for replacement of furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>228,289</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>228,289</b>

PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2025-26)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS					
<b>Employee Salaries</b>					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.01		\$ 889	\$ 889
1102	Executive Assistant	0.01		283	283
1103	Regional Director	0.02		2,919	2,919
1104	Program Manager	0.30		35,562	35,562
1105	Admin Specialist	0.08		4,372	4,372
1106	Case Managers	1.20		56,830	56,830
1107					-
1108					-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
<b>Personnel Salaries Subtotal</b>		<b>1.61</b>	<b>\$ -</b>	<b>\$ 100,855</b>	<b>\$ 100,855</b>
<b>Employee Benefits</b>					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ -	\$ 1,906	\$ 1,906
1102	Worker's Compensation		-	2,511	2,511
1103	Health Insurance		-	9,451	9,451
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
<b>Employee Benefits Subtotal:</b>			<b>\$ -</b>	<b>\$ 13,868</b>	<b>\$ 13,868</b>
<b>Employee Benefits %:</b>					<b>0.127025418</b>
<b>Payroll Taxes &amp; Expenses:</b>					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ -	\$ -	\$ -
1202	FICA/MEDICARE		-	7,715	7,715
1203	SUI		-	605	605
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
<b>Payroll Taxes &amp; Expenses Subtotal:</b>			<b>\$ -</b>	<b>\$ 8,320</b>	<b>\$ 8,320</b>
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>			<b>\$ -</b>	<b>\$ 123,043</b>	<b>\$ 123,043</b>

<b>2000: CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	22,055
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	2,115
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (Program Supplies)	2,000
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 26,170</b>

<b>3000: OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telecommunications	\$ 1,330
3002	Printing/Postage	250
3003	Office Supplies & Equipment	974
3004	Advertising	-
3005	Staff Development & Training	835
3006	Staff Mileage	150
3007	Subscriptions & Memberships	50
3008	Vehicle Maintenance	1,020
3009	Other (Staff Recruitment)	300
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ 4,909</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ 1,224
4002	Rent/Lease Building	2,243
4003	Rent/Lease Equipment	240
4004	Rent/Lease Vehicles	830
4005	Security	-
4006	Utilities	740
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ 5,277</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>

5001	Consultant (Network & Data Management)	\$ 5,937
5002	HMIS (Health Management Information System)	
5003	Contractual/Consulting Services (Psychiatrist Fees)	36,149
5004	Translation Services	-
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 42,086</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ 24,459
6002	Professional Liability Insurance	1,734
6003	Accounting/Bookkeeping	
6004	External Audit	
6005	Insurance (Liability):	411
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ 26,604</b>

<b>7000: FIXED ASSETS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
7001	Computer Equipment & Software	\$ 100
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ 200</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 228,289</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services			\$ -
8002	Case Management	164	3.75	615
8003	Crisis Services	61	6.75	412
8004	Medication Support	2,981	8.25	24,593
8005	Collateral			-
8006	Plan Development	2,000	4.50	9,000
8007	Assessment	2,965	4.50	13,343
8008	Rehabilitation	39,829	5.00	199,145
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>48,000</b>		<b>\$ 247,108</b>

Estimated % of Clients who are Medi-Cal Beneficiaries	75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	185,331
Federal Financial Participation (FFP) %	85%
<b>MEDI-CAL FFP TOTAL</b>	<b>\$ 157,531</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ (0)
<b>REALIGNMENT TOTAL</b>		<b>\$ (0)</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ 69,756
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 69,756</b>

8400 - OTHER REVENUE			
Acct #	Line Item Description		Amount
8401	Client Fees		\$ -
8402	Client Insurance		-
8403	Grants (Specify)	Client Rents	1,002
8404	Other (Specify)		-
8405	Other (Specify)		-
<b>OTHER REVENUE TOTAL</b>			<b>\$ 1,002</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 228,289</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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**PATH Program- SMHS  
Kings View Corporation  
Fiscal Year (FY 2025-26) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: SALARIES &amp; BENEFITS</b>		<b>123,043</b>	
<b>Employee Salaries</b>		<b>100,855</b>	
1101	Executive Director	889	Position will provide agency specific staff oversight and represent and maintain the collaborative relationship between agencies.
1102	Executive Assistant	283	This position will assist Executive Director with staff oversight and representing and maintaining the collaborative relationship between agencies.
1103	Regional Director	2,919	Provide program management and direction. Ensures operations are running smoothly and in compliance with contract requirements.
1104	Program Manager	35,562	Provides supervision of all staff and direct oversight of program management.
1105	Admin Specialist	4,372	Provides administrative support for the program and assist with medical billing and records.
1106	Case Managers	56,830	Provides case management and oversees the physical and mental wellness of individuals to ensure they are supported and can achieve the best outcomes, and referrals to appropriate linkages.
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
<b>Employee Benefits</b>		<b>13,868</b>	
1101	Retirement	1,906	Cost of 401K
1102	Worker's Compensation	2,511	Workers Comp Insurance
1103	Health Insurance	9,451	Cost of Medical, Vision, Dental, Life and Long Term Disability Insurance
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
<b>Payroll Taxes &amp; Expenses:</b>		<b>8,320</b>	
1201	OASDI	-	
1202	FICA/MEDICARE	7,715	Cost of FICA/Medicare
1203	SUI	605	Cost of SUI
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
<b>2000: CLIENT SUPPORT</b>		<b>26,170</b>	
2001	Child Care	-	
2002	Client Housing Support	22,055	Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, and household supplies.
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	2,115	Outreach expenses that supports clients with clothing, food, water, blankets, and hygiene supplies. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, and birth certificates.
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2011	Other (Program Supplies)	2,000	Cost of supplies for client groups such as notepads, therapy balls, puzzles or art supplies.
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		4,909	
3001	Telecommunications	1,330	Cost of landline telephone services, cell phones service, data connectivity.
3002	Printing/Postage	250	Anticipating courier services and postage necessary for program. Business cards and other special printing in bulk that is less cost effective to outsource rather than utilization of a copier.
3003	Office Supplies & Equipment	974	Includes all supplies and minor equipment used by staff in the course of providing services.
3004	Advertising	-	
3005	Staff Development & Training	835	Minor shared cost for continuation of staff development and training. Also, includes HMIS training fees.
3006	Staff Mileage	150	Reimbursements to staff for personal vehicle use when lease vehicle not available and require to provide services or other program needs, paid at IRS rate. Any travel transportation fees, such as parking fees.
3007	Subscriptions & Memberships	50	Minor shared cost of special subscription necessary for staff to provide services or job tasks, such as an online subscription.
3008	Vehicle Maintenance	1,020	Minor auto repairs & maintenance required to maintain 1 shared leased vehicle for client transportation and program needs, such as oil changes and car washes. Yearly cost of GPS vehicle tracking service, auto fuel, and DMV fees.
3009	Other (Staff Recruitment)	300	Thorough background check and drug testing.
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		5,277	
4001	Building Maintenance	1,224	Shared copier maintenance, minor building repairs and maintenance to facility.
4002	Rent/Lease Building	2,243	Share cost of building space, anticipating moving locations.
4003	Rent/Lease Equipment	240	Shared copier lease.
4004	Rent/Lease Vehicles	830	The cost of 1 shared lease vehicles to assist with program needs.
4005	Security	-	
4006	Utilities	740	Shared cost of gas and electric.
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		42,086	
5001	Consultant (Network & Data Management)	5,937	Kings View Information Technology Department (KVIT) will provide hardware and software support successful data collection. Information services and management consisting of managed internet service provider, network and desktop management, project management, technology procurement, telecommunication management, strategic technology planning, system documentation, application/data hosting, access to data/documents/application 24/7. After hours support via email and phone 24/7.
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Psychiatrist Fees)	36,149	Yearly cost to contract with Physician to provide services and treatments to clients at 4 hours per week.
5004	Translation Services	-	
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		26,604	
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ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6001	Administrative Overhead	24,459	Expenses provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
6002	Professional Liability Insurance	1,734	Cost general and professional liability insurance.
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Liability):	411	Cost of personal property, accidental and auto insurance.
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		200	
7001	Computer Equipment & Software	100	Computer software needs to support staff & anticipated shared cost for replacement of computer equipment.
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	100	Anticipated shared cost for replacement of furniture needs.
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

<b>TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:</b>	<b>228,289</b>
<b>TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:</b>	<b>228,289</b>



**FRESNO COUNTY MENTAL HEALTH COMPLIANCE PROGRAM**  
*CONTRACTOR CODE OF CONDUCT AND ETHICS*

Fresno County is firmly committed to full compliance with all applicable laws, regulations, rules and guidelines that apply to the provision and payment of mental health services. Mental health contractors and the manner in which they conduct themselves are a vital part of this commitment.

Fresno County has established this Contractor Code of Conduct and Ethics with which contractor and its employees and subcontractors shall comply. CONTRACTOR(S) shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, CONTRACTOR(S), CONTRACTOR(S)' employees and subcontractors must sign the Contractor Acknowledgment and Agreement form and return this form to the Compliance Officer or designee.

**Contractor and its employees and subcontractor shall:**

1. Comply with all applicable laws, regulations, rules or guidelines when providing and billing for mental health services.
2. Conduct themselves honestly, fairly, courteously and with a high degree of integrity in their professional dealing related to their contract with the COUNTY and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of the COUNTY.
3. Treat COUNTY employees, consumers, and other mental health contractors fairly and with respect.
4. NOT engage in any activity in violation of the COUNTY's Compliance Program, nor engage in any other conduct which violates any applicable law, regulation, rule or guideline
5. Take precautions to ensure that claims are prepared and submitted accurately, timely and are consistent with all applicable laws, regulations, rules or guidelines.
6. Ensure that no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.

7. Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.
8. Act promptly to investigate and correct problems if errors in claims or billing are discovered.
9. Promptly report to the Compliance Officer any suspected violation(s) of this Code of Conduct and Ethics by COUNTY employees or other mental health contractors, or report any activity that they believe may violate the standards of the Compliance Program, or any other applicable law, regulation, rule or guideline. Fresno County prohibits retaliation against any person making a report. Any person engaging in any form of retaliation will be subject to disciplinary or other appropriate action by the COUNTY. CONTRACTOR(S) may report anonymously.
10. Consult with the Compliance Officer if you have any questions or are uncertain of any Compliance Program standard or any other applicable law, regulation, rule or guideline.
11. Immediately notify the Compliance Officer if they become or may become an Ineligible person and therefore excluded from participation in the Federal Health Care Programs.

## Fresno County Mental Health Compliance Program

### Contractor Acknowledgment and Agreement

I hereby acknowledge that I have received, read and understand the Contractor Code of Conduct and Ethics. I hereby acknowledge that I have received training and information on the Fresno County Mental Health Compliance Program and understand the contents thereof. I further agree to abide by the Contractor Code of Conduct and Ethics, and all Compliance Program requirements as they apply to my responsibilities as a mental health contractor for Fresno County.

I understand and accept my responsibilities under this Agreement. I further understand that any violation of the Contractor Code of Conduct and Ethics or the Compliance Program is a violation of County policy and may also be a violation of applicable laws, regulations, rules or guidelines. I further understand that violation of the Contractor Code of Conduct and Ethics or the Compliance Program may result in termination of my agreement with Fresno County. I further understand that Fresno County will report me to the appropriate Federal or State agency.

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#### For Individual Providers

Name (print): \_\_\_\_\_

Discipline:  Psychiatrist  Psychologist  LCSW  LMFT

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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#### For Group or Organizational Providers

Group/Org. Name (print): \_\_\_\_\_

Employee Name (print): \_\_\_\_\_

Discipline:  Psychiatrist  Psychologist  LCSW  LMFT

Other: \_\_\_\_\_

Job Title (if different from Discipline): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## DOCUMENTATION STANDARDS FOR CLIENT RECORDS

The documentation standards are described below under key topics related to client care. All standards must be addressed in the client record; however, there is no requirement that the record have a specific document or section addressing these topics. All medical records shall be maintained for a minimum of 10 years from the date of the end of the Agreement.

### A. Assessments

1. The following areas will be included as appropriate as a part of a comprehensive client record.
  - Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
  - Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
  - Documentation will describe client's strengths in achieving client plan goals.
  - Special status situations that present a risk to clients or others will be prominently documented and updated as appropriate.
  - Documentations will include medications that have been described by mental health plan physicians, dosage of each medication, dates of initial prescriptions and refills, and documentations of informed consent for medications.
  - Client self report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
  - A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultations reports.
  - For children and adolescents, pre-natal and perinatal events and complete developmental history will be documented.
  - Documentations will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the-counter drugs.
  - A relevant mental status examination will be documented.
  - A DSM-5 diagnosis, or a diagnosis from the most current ICD, will be documented, consistent with the presenting problems, history mental status evaluation and/or other assessment data.

## 2. Timeliness/Frequency Standard for Assessment

- An assessment will be completed at intake and updated as needed to document changes in the client's condition.
- Client conditions will be assessed at least annually and, in most cases, at more frequent intervals.

## B. Client Plans

### 1. Client plans will:

- have specific observable and/or specific quantifiable goals
- identify the proposed type(s) of intervention
- have a proposed duration of intervention(s)
- be signed (or electronic equivalent) by:
  - the person providing the service(s), or
  - a person representing a team or program providing services, or
  - a person representing the MHP providing services
  - when the client plan is used to establish that the services are provided under the direction of an approved category of staff, and if the below staff are not the approved category,
    - a physician
    - a licensed/ "waivered" psychologist
    - a licensed/ "associate" social worker
    - a licensed/ registered/marriage and family therapist or
    - a registered nurse
- In addition,
  - Client plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client's participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, client signature on the plan, or a description of the client's participation and agreement in progress notes.

- Client signature on the plan will be used as the means by which the CONTRACTOR documents the participation of the client.
- When the client's signature is required on the client plan and the client refuses or is unavailable for signature, the client plan will include a written explanation of the refusal or unavailability.
- The CONTRACTOR will give a copy of the client plan to the client on request.

2. Timeliness/Frequency of Client Plan:

- Will be updated at least annually.
- The CONTRACTOR(S) will establish standards for timeliness and frequency for the individual elements of the client plan described in item 1.

C. Progress Notes

1. Items that must be contained in the client record related to the client's progress in treatment include:

- The client record will provide timely documentation of relevant aspects of client care.
- Mental health staff/practitioners will use client records to document client encounters, including relevant clinical decisions and interventions.
- All entries in the client record will include the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number, if applicable.
- All entries will include the date services were provided.
- The record will be legible.
- The client record will document follow-up care, or as appropriate, a discharge summary.

2. Timeliness/Frequency of Progress Notes:

- Progress notes shall be documented at the frequency by type of service indicated below:
  - a. Every Service Contact
    - Mental Health Services
    - Medication Support Services
    - Crisis Intervention

## **Program Objectives**

### **Annual Outcomes Report**

The following items listed below represent program goals to be tracked and achieved by CONTRACTOR each fiscal year of the contract term. CONTRACTOR will utilize a computerized tracking system with which outcome measures and other relevant data, such as demographics, will be maintained. Reports will be provided to COUNTY quarterly, annually, and as requested.

#### **Outreach, Engagement, and Linkage (OEL) Annual Outcomes Report Objectives**

1. Outreach 350 individuals experiencing homelessness with SMI/Co-Occurring disorders in Fresno County who are receptive to engagement and linkage services.
2. Enroll 200 persons served into the PATH Program and HMIS.
3. Capture the satisfaction of at least 80% of persons served with PATH agency services will be shown through a survey provided to enrolled persons served by the PATH OEL Team.
4. Capture the satisfaction of at least 80% of persons served with PATH staff's knowledge, competency, and professionalism will be shown through a survey provided to enrolled persons served by the PATH OEL Team.
5. Capture the satisfaction of at least 80% of persons served with linkages to resources they need will be shown through a survey provided to enrolled persons by the PATH OEL Team.
6. Pursue a number of actions to quickly link at least 80% of persons served to housing, including diversion through natural supports or linkage to a navigator.
7. Link at least 50% of individuals enrolled in the PATH Program and HMIS to temporary or permanent housing when such resources are available.
8. Demonstrate a capacity to engage the target population by tracking the number of contacts needed for enrollment in the PATH program and HMIS with a goal of less than five contacts needed.
9. Track where persons were served, distinguishing between the Fresno Metro area and the various rural/unincorporated areas of Fresno County.
10. Track what services are provided to persons served by the PATH OEL Team.

#### **Specialty Mental Health Services (SMHS) Annual Outcomes Report Objectives**

1. Track the prevention and reduction in the number of incarceration occurrences for at least 70% of persons enrolled in the SMHS program by comparing incidents during the 12-month period before an individual's enrollment to incidents while enrolled.
2. Track the prevention and reduction in the number of psychiatric hospitalization occurrences for at least 70% of persons enrolled in the SMHS program by comparing incidents during the 12-month period before an individual's enrollment to incidents while enrolled.
3. Track the prevention and reduction in the number of homeless occurrences for at least 70% of persons enrolled in the SMHS program by comparing incidents during the 12-month period before an individual's enrollment to incidents while enrolled.
4. Ensure that at least 60% of persons served will successfully exit the SMHS Program by meeting their individual care plan goals within 18 months.
5. Show that at least 80% of persons served will report satisfaction with PATH agency services through a survey provided to persons enrolled in the SMHS program for at least 6 months.

6. Show that least 80% of persons served will report satisfaction with accessibility of services through a survey provided to persons enrolled in the SMHS program for at least 6 months.
7. Show that at least 70% of persons served will report satisfaction with life functioning through a survey provided to persons enrolled in the SMHS program for at least 6 months.
8. Ensure that at least 75% of persons referred to the SMHS program will be offered a timely assessment appointment. The data shown will account for individuals who were referred within the reporting period.



## **CA-008 Fresno County Department of Behavioral Health (formerly, Fresno County Department of Adult Services)**

Annual Report:

HMIS Vendor:

### **Section 1: Budget Information**

**1. Federal PATH funds received this reporting year**

**2. Matching funds from state, local, or other sources used in support of PATH received this reporting year**

**3. Total funds dedicated this year, agency wide, to persons who have serious mental illness and are experiencing homelessness or are at risk of homelessness**

(include PATH, matching, and non-PATH funds) (only include dollars that are dedicated to persons with serious mental illness who are homeless or at risk of homelessness)

**4. Number of staff supported by PATH and matching funds**

**5. Full-time equivalent (FTE) of staff supported by PATH and matching funds**

(see instructions in the PATH Annual Report Manual to compute FTEs)

**6. Number of trainings provided by PATH-funded staff this reporting year**

**7. Type of organization in which your PATH program operates (select one)**

- Community Mental Health Center
- Consumer-run Mental Health Agency
- Other Mental Health Agency
- Social Service Agency
- Health Care for Homeless/Other Health Agency
- Substance Use Treatment Agency
- Shelter or Other Temporary Housing Resource
- Other Housing Agency
- Other

## Section 2: Persons Served During This Reporting Period

**8. Number of persons contacted by PATH-funded staff this reporting period**

**9. Number of new persons contacted this reporting period in a PATH Street Outreach project**

**10. Number of new persons contacted this reporting period in a PATH Services Only project**

**11. Total number of new persons contacted this reporting period (#9+#10)**

**12a. Instances of contact this reporting period prior to date of enrollment**

**12b. Total instances of contact during the reporting period**

**13a. Number of new persons contacted this reporting period who could not be enrolled because of ineligibility for PATH**

**13b. Number of new persons contacted this reporting period who could not be enrolled because provider was unable to locate the client**

**14. Number of new persons contacted this reporting period who became enrolled in PATH**

**15. Number with active, enrolled PATH status at any point during the reporting period**

**16. Number of active, enrolled PATH clients receiving community mental health services through any funding source at any point during the reporting period**

## Section 3: Services Provided

**17. Services Provided (unduplicated count of PATH-enrolled individuals only)**

Of those with an active, enrolled PATH status during this reporting period, which PATH-funded services did they receive?

	NUMBER RECEIVING EACH SERVICE
17a. Reengagement	
17b. Screening	
17c. Clinical Assessment	
17d. Habilitation/rehabilitation	
17e. Community mental health	
17f. Substance use treatment	
17g. Case management	
17h. Residential supportive services	
17i. Housing minor renovation	
17j. Housing moving assistance	
17k. Housing eligibility determination	
17l. Security deposits	
17m. One-time rent for eviction prevention	

## Section 4: Referrals Provided

### 18. Referrals Provided (unduplicated count of PATH-enrolled individuals only)

Of those with an active, enrolled PATH status during this reporting period, which referrals did they receive?

*Note: Referrals provided prior to PATH enrollment should not be counted here.*

	<b>18A. NUMBER RECEIVING EACH REFERRAL</b>	<b>18B. NUMBER WHO ATTAINED THE SERVICE FROM THE REFERRAL</b>
Community mental health	<b>18a1.</b>	<b>18b1.</b>
Substance use treatment	<b>18a2.</b>	<b>18b2.</b>
Primary health/dental care	<b>18a3.</b>	<b>18b3.</b>
Job training	<b>18a4.</b>	<b>18b4.</b>
Educational Services	<b>18a5.</b>	<b>18b5.</b>
Housing Services	<b>18a6.</b>	<b>18b6.</b>
Permanent housing	<b>18a7.</b>	<b>18b7.</b>
Temporary housing	<b>18a8.</b>	<b>18b8.</b>
Income assistance	<b>18a9.</b>	<b>18b9.</b>
Employment assistance	<b>18a10.</b>	<b>18b10.</b>
Medical insurance	<b>18a11.</b>	<b>18b11.</b>

## Section 5: Outcomes

### Outcomes (unduplicated count of PATH-enrolled individuals only)

Of those with an active, **enrolled** PATH status during this reporting period, how many were receiving the items below at PATH project entry and at PATH project exit or at the end of the reporting period?

	AT PATH PROJECT ENTRY		AT PATH PROJECT EXIT (FOR CLIENTS WHO WERE EXITED FROM PATH THIS YEAR - LEAVERS)		AT REPORT END DATE (FOR CLIENTS WHO WERE STILL ACTIVE IN PATH AS OF REPORT END DATE - STAYERS)	
<b>19. INCOME FROM ANY SOURCE</b>						
Yes	19a1.		19a2.		19a3.	
No	19b1.		19b2.		19b3.	
Client doesn't know	19c1.		19c2.		19c3.	
Client refused	19d1.		19d2.		19d3.	
Data not collected	19e1.		19e2.		19e3.	
<b>TOTAL</b>	19f1.	0	19f2.	0	19f3.	0
<b>20. SSI/SSDI</b>						
Yes	20a1.		20a2.		20a3.	
No	20b1.		20b2.		20b3.	
<b>TOTAL</b>	20c1.	0	20c2.	0	20c3.	0
<b>21. NON-CASH BENEFITS FROM ANY SOURCE</b>						
Yes	21a1.		21a2.		21a3.	
No	21b1.		21b2.		21b3.	
Client doesn't know	21c1.		21c2.		21c3.	
Client refused	21d1.		21d2.		21d3.	
Data not collected	21e1.		21e2.		21e3.	
<b>TOTAL</b>	21f1.	0	21f2.	0	21f3.	0
<b>22. COVERED BY HEALTH INSURANCE</b>						
Yes	22a1.		22a2.		22a3.	
No	22b1.		22b2.		22b3.	
Client doesn't know	22c1.		22c2.		22c3.	
Client refused	22d1.		22d2.		22d3.	
Data not collected	22e1.		22e2.		22e3.	
<b>TOTAL</b>	22f1.	0	22f2.	0	22f3.	0
<b>23. MEDICAID/MEDICARE</b>						
Yes	23a1.		23a2.		23a3.	
No	23b1.		23b2.		23b3.	
<b>TOTAL</b>	23c1.	0	23c2.	0	23c3.	0
<b>24. ALL OTHER HEALTH INSURANCE</b>						
Yes	24a1.		24a2.		24a3.	
No	24b1.		24b2.		24b3.	
<b>TOTAL</b>	24c1.	0	24c2.	0	24c3.	0

**Destination at Exit****Section 6: Housing Outcomes**Exhibit G  
Page 5 of 9

For each category, record the number of PATH-enrolled individuals who exited the PATH program to each response category. The total of all Destinations 25a1 - 25a36 must match the total number of active, PATH-enrolled individuals (Q#15).

<b>25. DESTINATION AT EXIT</b>	
<b>TEMPORARY DESTINATIONS</b>	
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<b>25a1.</b>
Moved from one HOPWA funded project to another HOPWA TH	<b>25a2.</b>
Transitional housing for homeless persons	<b>25a3.</b>
Staying or living in a family member's room, apartment, or house, temporary tenure	<b>25a4.</b>
Staying or living in a friend's room, apartment, or house, temporary tenure	<b>25a5.</b>
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<b>25a6.</b>
Safe Haven	<b>25a7.</b>
Hotel or motel paid for without emergency shelter voucher	<b>25a8.</b>
Host Home (non-crisis)	<b>25a9.</b>
<b>SUBTOTAL</b>	<b>25a10. 0</b>
<b>INSTITUTIONAL SITUATION</b>	
Foster care home or foster care group home	<b>25a11.</b>
Psychiatric hospital or other psychiatric facility	<b>25a12.</b>
Substance abuse treatment facility or detox center	<b>25a13.</b>
Hospital or other residential non-psychiatric medical facility	<b>25a14.</b>
Jail, prison, or juvenile detention facility	<b>25a15.</b>
Long-term care facility or nursing home	<b>25a16.</b>
<b>SUBTOTAL</b>	<b>25a17. 0</b>
<b>PERMANENT DESTINATIONS</b>	
Moved from one HOPWA funded project to another HOPWA PH	<b>25a18.</b>
Owned by client, no ongoing housing subsidy	<b>25a19.</b>
Owned by client, with ongoing housing subsidy	<b>25a20.</b>
Permanent housing (other than RRH) for formerly homeless persons	<b>25a21.</b>
Rental by client, no ongoing housing subsidy	<b>25a22.</b>
Rental by client, with RRH or equivalent subsidy	<b>25a23.</b>
Rental by client, with VASH subsidy	<b>25a24.</b>
Rental by client, with GPD TIP subsidy	<b>25a25.</b>
Rental by client, with other ongoing housing subsidy	<b>25a26.</b>
Rental by client, with HCV voucher (tenant or project based)	<b>25a27.</b>
Rental by client in a public housing unit	<b>25a28.</b>
Residential project or halfway house with no homeless criteria	<b>25a29.</b>
Staying or living in a family member's room, apartment, or house, permanent tenure	<b>25a30.</b>
Staying or living in a friend's room, apartment, or house, permanent tenure	<b>25a31.</b>
<b>SUBTOTAL</b>	<b>25a32. 0</b>
<b>OTHER DESTINATIONS</b>	
Deceased	<b>25a33.</b>
Other	<b>25a34.</b>
No exit interview completed	<b>25a35.</b>
Client doesn't know	<b>25a36.</b>
Client refused	<b>25a37.</b>
Data not collected	<b>25a38.</b>
<b>SUBTOTAL</b>	<b>25a39. 0</b>
PATH-enrolled clients still active as of report end date (Stayers)	<b>25a40.</b>
<b>TOTAL</b>	<b>25a41. 0</b>

## Section 7: Demographics - Gender

### Demographics - Gender

Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories?

	<b>26A. NUMBER ENROLLED</b>
Female	<b>26a1.</b>
Male	<b>26a2.</b>
Trans Female (MTF or Male to Female)	<b>26a3.</b>
Trans Male (FTM or Female to Male)	<b>26a4.</b>
Gender non-conforming	<b>26a5.</b>
Client doesn't know	<b>26a6.</b>
Client refused	<b>26a7.</b>
Data not collected	<b>26a8.</b>
<b>TOTAL</b>	<b>26a9. 0</b>

## Section 8: Demographics - Age

### Demographics - Age

Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories?

	<b>26B. NUMBER ENROLLED</b>
17 and under <i>(Youth 17 and under should not be enrolled in the PATH Project unless they meet all the eligibility requirements. This includes extended family members)</i>	<b>26b1.</b>
18 - 23	<b>26b2.</b>
24 - 30	<b>26b3.</b>
31 - 40	<b>26b4.</b>
41 - 50	<b>26b5.</b>
51 - 61	<b>26b6.</b>
62 and over	<b>26b7.</b>
Client doesn't know	<b>26b8.</b>
Client refused	<b>26b9.</b>
Data not collected	<b>26b10.</b>
<b>TOTAL</b>	<b>26b11. 0</b>

## Section 9: Demographics - Race

### Demographics - Race

Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories? *(Note: An individual who identifies as multiracial should be counted in all applicable categories. This demographic element will not sum to total persons enrolled.)*

	<b>26C. NUMBER ENROLLED</b>
American Indian or Alaskan Native	<b>26c1.</b>
Asian	<b>26c2.</b>
Black or African American	<b>26c3.</b>
Native Hawaiian or Other Pacific Islander	<b>26c4.</b>
White	<b>26c5.</b>
Client doesn't know	<b>26c6.</b>
Client refused	<b>26c7.</b>
Data not collected	<b>26c8.</b>
<b>TOTAL</b>	<b>26c9. 0</b>

## Section 10: Demographics - Ethnicity

### Demographics - Ethnicity

Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories?

	26D. NUMBER ENROLLED	
Non-Hispanic/Non-Latino	26d1.	
Hispanic/Latino	26d2.	
Client doesn't know	26d3.	
Client refused	26d4.	
Data not collected	26d5.	
<b>TOTAL</b>	26d6.	<b>0</b>

## Section 11: Demographics - Veteran Status

### Demographics - Veteran Status (Adults Only)

Of those with an active, enrolled PATH status during this reporting period, how many adults are in each of the following categories?

	26E. NUMBER ENROLLED	
Veteran	26e1.	
Non-Veteran	26e2.	
Client doesn't know	26e3.	
Client refused	26e4.	
Data not collected	26e5.	
<b>TOTAL</b>	26e6.	<b>0</b>

## Section 12: Demographics - Co-Occurring Disorder

### Demographics - Co-Occurring Disorder

Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories?

	26F. NUMBER ENROLLED	
Co-occurring substance use disorder	26f1.	
No co-occurring substance use disorder	26f2.	
Unknown	26f3.	
<b>TOTAL</b>	26f4.	<b>0</b>

## Section 13: Demographics - SOAR Connection

### Demographics - SOAR Connection

Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories?

	26G. NUMBER ENROLLED	
Yes	26g1.	
No	26g2.	
Client doesn't know	26g3.	
Client refused	26g4.	
Data not collected	26g5.	
<b>TOTAL</b>	26g6.	<b>0</b>

## Section 14: Demographics - Prior Living Situation

### Demographics - Prior Living Situation

Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories?

	<b>26H. NUMBER ENROLLED</b>
<b>LITERALLY HOMELESS</b>	
Place not meant for habitation <i>(e.g., a vehicle, an abandoned building, a bus/train/subway station, airport, or anywhere outside)</i>	<b>26h1.</b>
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<b>26h2.</b>
Safe Haven	<b>26h3.</b>
<b>INSTITUTIONAL SITUATION</b>	
Foster care home or foster care group home	<b>26h4.</b>
Hospital or other residential non-psychiatric medical facility	<b>26h5.</b>
Jail, prison, or juvenile detention facility	<b>26h6.</b>
Long-term care facility or nursing home	<b>26h7.</b>
Substance abuse treatment facility or detox center	<b>26h8.</b>
Psychiatric hospital or other psychiatric facility	<b>26h9.</b>
<b>TRANSITIONAL AND PERMANENT HOUSING SITUATION</b>	
Hotel or motel paid for without emergency shelter voucher	<b>26h10.</b>
Owned by client, no ongoing housing subsidy	<b>26h11.</b>
Owned by client, with ongoing housing subsidy	<b>26h12.</b>
Permanent housing (other than RRH) for formerly homeless persons <i>(such as CoC project, HUD legacy programs, or HOPWA PH)</i>	<b>26h13.</b>
Rental by client, no ongoing housing subsidy	<b>26h14.</b>
Rental by client, with VASH subsidy	<b>26h15.</b>
Rental by client, with GPD TIP subsidy	<b>26h16.</b>
Rental by client, with RRH or equivalent subsidy	<b>26h17.</b>
Rental by client, with other ongoing housing subsidy (including RRH)	<b>26h18.</b>
Rental by client, with HCV voucher (tenant or project based)	<b>26h19.</b>
Rental by client in a public housing unit	<b>26h20.</b>
Residential project or halfway house with no homeless criteria	<b>26h21.</b>
Staying or living in a family member's room, apartment, or house	<b>26h22.</b>
Staying or living in a friend's room, apartment, or house	<b>26h23.</b>
Transitional housing for homeless persons <i>(including homeless youth)</i>	<b>26h24.</b>
Host Home (non-crisis)	<b>26h25.</b>
Client doesn't know	<b>26h26.</b>
Client refused	<b>26h27.</b>
Data not collected	<b>26h28.</b>
<b>TOTAL</b>	<b>26h29.     0</b>



## Section 15: Demographics - Length of Stay

Length of stay in prior living situation (emergency shelter or place not meant for human habitation ONLY)

Of those identified in #26h (Living Situation) as staying in Place not meant for habitation (26h1) or Emergency shelter (26h2), record the length of time these individuals have been in this living situation. The total of this category must equal the sum of 26h1 + 26h2.

	<b>26I. LENGTH OF STAY</b>	
One night or less	<b>26i1.</b>	
Two to six nights	<b>26i2.</b>	
One week or more, but less than one month	<b>26i3.</b>	
One month or more, but less than 90 days	<b>26i4.</b>	
90 days or more, but less than one year	<b>26i5.</b>	
One year or longer	<b>26i6.</b>	
Client doesn't know	<b>26i7.</b>	
Client refused	<b>26i8.</b>	
Data not collected	<b>26i9.</b>	
<b>TOTAL</b>	<b>26i10.</b>	<b>0</b>

## Section 16: Demographics - Chronically Homeless

### Demographics - Chronically Homeless

Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories?

	<b>26J. NUMBER ENROLLED</b>	
Yes	<b>26j1.</b>	
No	<b>26j2.</b>	
Unknown	<b>26j3.</b>	
<b>TOTAL</b>	<b>26j4.</b>	<b>0</b>

## Section 17: Demographics - Domestic Violence History

### Demographics - Domestic Violence History (Adults Only)

Of those with an active, enrolled PATH status during this reporting period, how many adults are in each of the following categories?

	<b>26K. NUMBER ENROLLED</b>	
Yes	<b>26k1.</b>	
No	<b>26k2.</b>	
Client doesn't know	<b>26k3.</b>	
Client refused	<b>26k4.</b>	
Data not collected	<b>26k5.</b>	
<b>TOTAL</b>	<b>26k6.</b>	<b>0</b>

## STATE MENTAL HEALTH REQUIREMENTS

### 1. CONTROL REQUIREMENTS

The COUNTY and its subcontractors shall provide services in accordance with all applicable Federal and State statutes and regulations.

### 2. PROFESSIONAL LICENSURE

All (professional level) persons employed by the COUNTY Mental Health Program (directly or through contract) providing Short-Doyle/Medi-Cal services have met applicable professional licensure requirements pursuant to Business and Professions and Welfare and Institutions Codes.

### 3. CONFIDENTIALITY

CONTRACTOR shall conform to and COUNTY shall monitor compliance with all State of California and Federal statutes and regulations regarding confidentiality, including but not limited to confidentiality of information requirements at 42, Code of Federal Regulations sections 2.1 *et seq*; California Welfare and Institutions Code, sections 14100.2, 11977, 11812, 5328; Division 10.5 and 10.6 of the California Health and Safety Code; Title 22, California Code of Regulations, section 51009; and Division 1, Part 2.6, Chapters 1-7 of the California Civil Code.

### 4. NON-DISCRIMINATION

#### A. Eligibility for Services

CONTRACTOR shall prepare and make available to COUNTY and to the public all eligibility requirements to participate in the program plan set forth in the Agreement. No person shall, because of ethnic group identification, age, gender, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, political belief or sexual preference be excluded from participation, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal or State of California assistance.

#### B. Employment Opportunity

CONTRACTOR shall comply with COUNTY policy, and the Equal Employment Opportunity Commission guidelines, which forbids discrimination against any person on the grounds of race, color, national origin, sex, religion, age, disability status, or sexual preference in employment practices. Such practices include retirement, recruitment advertising, hiring, layoff, termination, upgrading, demotion, transfer, rates of pay or other forms of compensation, use of facilities, and other terms and conditions of employment.

- C. Suspension of Compensation  
If an allegation of discrimination occurs, COUNTY may withhold all further funds, until CONTRACTOR can show clear and convincing evidence to the satisfaction of COUNTY that funds provided under this Agreement were not used in connection with the alleged discrimination.
- D. Nepotism  
Except by consent of COUNTY's Department of Behavioral Health Director, or designee, no person shall be employed by CONTRACTOR who is related by blood or marriage to, or who is a member of the Board of Directors or an officer of CONTRACTOR.

5. **PATIENTS' RIGHTS**

CONTRACTOR shall comply with applicable laws and regulations, including but not limited to, laws, regulations, and State policies relating to patients' rights.

**STATE CONTRACTOR CERTIFICATION CLAUSES**

1. STATEMENT OF COMPLIANCE: CONTRACTOR has, unless exempted, complied with the non-discrimination program requirements. (Gov. Code § 12990 (a-f) and CCR, Title 2, Section 111 02) (Not applicable to public entities.)
2. DRUG-FREE WORKPLACE REQUIREMENTS: CONTRACTOR will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
  - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
  - b. Establish a Drug-Free Awareness Program to inform employees about:
    - 1) the dangers of drug abuse in the workplace;
    - 2) the person's or organization's policy of maintaining a drug-free workplace;
    - 3) any available counseling, rehabilitation and employee assistance programs; and,
    - 4) penalties that may be imposed upon employees for drug abuse violations.
  - c. Every employee who works on this Agreement will:
    - 1) receive a copy of the company's drug-free workplace policy statement; and,
    - 2) agree to abide by the terms of the company's statement as a condition of employment on this Agreement.

Failure to comply with these requirements may result in suspension of payments under this Agreement or termination of this Agreement or both and

CONTRACTOR may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the CONTRACTOR has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: CONTRACTOR certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against CONTRACTOR within the immediately preceding two (2) year period because of CONTRACTOR's failure to comply with an order of a Federal court, which orders CONTRACTOR to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)
4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: CONTRACTOR hereby certifies that CONTRACTOR will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

CONTRACTOR agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: CONTRACTOR hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.
6. SWEATFREE CODE OF CONDUCT:
  - a. All CONTRACTORS contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. CONTRACTOR further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

- b. CONTRACTOR agrees to cooperate fully in providing reasonable access to the CONTRACTOR's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).
7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, CONTRACTOR certifies that CONTRACTOR is in compliance with Public Contract Code Section 10295.3.
8. GENDER IDENTITY: For contracts of \$100,000 or more, CONTRACTOR certifies that CONTRACTOR is in compliance with Public Contract Code Section 10295.35.

### **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: CONTRACTOR needs to be aware of the following provisions regarding current or former state employees. If CONTRACTOR has any questions on the status of any person rendering services or involved with this Agreement, the awarding agency must be contacted immediately for clarification.

#### Current State Employees (Pub. Contract Code §10410):

- a). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- b). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

#### Former State Employees (Pub. Contract Code §10411):

- a). For the two (2) year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- b). For the twelve (12) month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as

the proposed contract within the twelve (12) month period prior to his or her leaving state service.

If CONTRACTOR violates any provisions of above paragraphs, such action by CONTRACTOR shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: CONTRACTOR needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and CONTRACTOR affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)
3. AMERICANS WITH DISABILITIES ACT: CONTRACTOR assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)
4. CONTRACTOR NAME CHANGE: An amendment is required to change the CONTRACTOR's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.
5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:
  - a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the CONTRACTOR is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
  - b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.
  - c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.
6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body, which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the CONTRACTOR shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.
8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.
9. INSPECTION and Audit of Records and access to Facilities.

The State, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of CONTRACTOR or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

Federal database checks.

Consistent with the requirements at § 455.436 of this chapter, the State must confirm the identity and determine the exclusion status of CONTRACTOR, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of CONTRACTOR through routine checks of Federal databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), and any other databases as the State or Secretary may prescribe. These databases must be consulted upon contracting and no less frequently than monthly thereafter. If the State finds a party that is excluded, it must promptly notify the CONTRACTOR and take action consistent with § 438.610(c).

The State must ensure that CONTRACTOR with which the State contracts under this part is not located outside of the United States and that no claims paid by a CONTRACTOR to a network provider, out-of-network provider, subcontractor or financial institution located outside of the U.S. are considered in the development of actuarially sound capitation rates.

## COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

CONTRACTOR shall be required to maintain organizational provider certification by the host county. A copy of this renewal certificate must be furnished to COUNTY within thirty (30) days of receipt of certificate from host county. The CONTRACTOR must meet Medi-Cal organization provider standards as stated below. It is acknowledged that all references to Organizational Provider and/or Provider below shall refer to the CONTRACTOR.

### Medi-Cal Organizational Provider Standards

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well-being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.
7. The organization provider has staffing adequate to allow the COUNTY to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
9. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
  - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
  - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
  - C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.



- D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
  - E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.
  - F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.
  - G. Policies and procedures are in place for dispensing, administering and storing medications.
10. The COUNTY may accept the host county's site certification and reserves the right to conduct an on-site certification review at least every three years. The COUNTY may also conduct additional certification reviews when:
- The provider makes major staffing changes.
  - The provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
  - The provider adds day treatment or medication support services when medications shall be administered or dispensed from the provider site.
  - There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
  - There is change of ownership or location.
  - There are complaints against the provider.
  - There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

## FRESNO COUNTY MENTAL HEALTH PLAN

### **Grievances**

Fresno County Mental Health Plan (MHP) provides beneficiaries with a grievance and appeal process and an expedited appeal process to resolve grievances and disputes at the earliest and the lowest possible level.

Title 9 of the California Code of Regulations requires that the MHP and its fee-for-service providers give verbal and written information to Medi-Cal beneficiaries regarding the following:

- How to access specialty mental health services
- How to file a grievance about services
- How to file for a State Fair Hearing

The MHP has developed a Consumer Guide, a beneficiary rights poster, a grievance form, an appeal form, and Request for Change of Provider Form. All of these beneficiary materials must be posted in prominent locations where Medi-Cal beneficiaries receive outpatient specialty mental health services, including the waiting rooms of providers' offices of service.

Please note that all fee-for-service providers and contract agencies are required to give the individuals served copies of all current beneficiary information annually at the time their treatment plans are updated and at intake.

Beneficiaries have the right to use the grievance and/or appeal process without any penalty, change in mental health services, or any form of retaliation. All Medi-Cal beneficiaries can file an appeal or state hearing.

Grievances and appeals forms and self addressed envelopes must be available for beneficiaries to pick up at all provider sites without having to make a verbal or written request. Forms can be sent to the following address:

Fresno County Mental Health Plan  
P.O. Box 45003  
Fresno, CA 93718-9886  
(800) 654-3937 (for more information)  
(559) 488-3055 (TTY)

### **Provider Problem Resolution and Appeals Process**

The MHP uses a simple, informal procedure in identifying and resolving provider concerns and problems regarding payment authorization issues, other complaints and concerns.

Informal provider problem resolution process – the provider may first speak to a Provider Relations Specialist (PRS) regarding his or her complaint or concern.

The PRS will attempt to settle the complaint or concern with the provider. If the attempt is unsuccessful and the provider chooses to forego the informal grievance process, the provider will be advised to file a written complaint to the MHP address (listed above).

Formal provider appeal process – the provider has the right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun, when the complaint concerns a denied or modified request for MHP payment authorization, or the process or payment of a provider’s claim to the MHP.

Payment authorization issues – the provider may appeal a denied or modified request for payment authorization or a dispute with the MHP regarding the processing or payment of a provider’s claim to the MHP. The written appeal must be submitted to the MHP within 90 calendar days of the date of the receipt of the non-approval of payment.

The MHP shall have 60 calendar days from its receipt of the appeal to inform the provider in writing of the decision, including a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.

If the appeal concerns a denial or modification of payment authorization request, the MHP utilizes a Managed Care staff who was not involved in the initial denial or modification decision to determine the appeal decision.

If the Managed Care staff reverses the appealed decision, the provider will be asked to submit a revised request for payment within 30 calendar days of receipt of the decision

Other complaints – if there are other issues or complaints, which are not related to payment authorization issues, providers are encouraged to send a letter of complaint to the MHP. The provider will receive a written response from the MHP within 60 calendar days of receipt of the complaint. The decision rendered by the MHP is final.

## INCIDENT REPORTING

### PROTOCOL FOR COMPLETION OF INCIDENT REPORT

The Incident Report must be completed for all incidents involving individuals served through DBH's current incident reporting portal, Logic Manager, at <https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

- The reporting portal is available 24 hours a day, every day.
- Any employee of the CONTRACTOR can submit an incident using the reporting portal at any time. No login is required.
- The designated administrator of the CONTRACTOR can add information to the follow up section of the report after submission.
- When an employee submits an incident within 24 hours from the time of the incident or first knowledge of the incident, the CONTRACTOR's designated administrator, the assigned contract analyst and the Incident Reporting email inbox will be notified immediately via email from the Logic Manager system that there is a new incident to review.
- Meeting the 24 hour incident reporting requirements will be easier as there are no signatures to collect.
- The user guide attached identifies the reporting process and the reviewer process, and is subject to updates based on DBH's selected incident reporting portal system.

Questions about incident reporting, how to use the incident reporting portal, or designating/changing the name of the administrator who will review incidents for the CONTRACTOR should be emailed to [DBHIncidentReporting@fresnocountyca.gov](mailto:DBHIncidentReporting@fresnocountyca.gov) and the assigned contract analyst.

**Mental Health Plan (MHP) and Substance Use Disorder (SUD) services  
Incident Reporting System**



## **INCIDENT REVIEWER ROLE – User Guide**

Fresno County Department of Behavioral Health (DBH) requires all of its county-operated and contracted providers (through the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services) to complete a written report of any incidents compromising the health and safety of persons served, employees, or community members.

Yes! Incident reports will now be made through an on online reporting portal hosted by Logic Manager. It's an easier way for any employee to report an incident at any time. A few highlights:

- No supervisor signature is immediately required.
- Additional information can be added to the report by the program supervisor/manager without having to resubmit the incident.
- When an incident is submitted, the assigned contract analyst, program supervisor/manager, clinical supervisor and the DBHIncidentReporting mailbox automatically receives an email notification of a new incident and can log in any time to review the incident. Everything that was on the original paper/electronic form matches the online form.
- Do away with submitting a paper version with a signature.
- This online submission allows for timely action for the health and safety of the persons-served, as well as compliance with state reporting timelines when necessary.

As an Incident Reviewer, the responsibility is to:

- Log in to Logic Manager and review incident submitted within 48 hours of notification of incident.
- Review incident for clarity, missing information and add in additional information deemed appropriate.
- Notify [DBHIncidentReporting@fresnocountyca.gov](mailto:DBHIncidentReporting@fresnocountyca.gov) if there is additional information to be report after initial submission
- Contact [DBHIncidentReporting@fresnocountyca.gov](mailto:DBHIncidentReporting@fresnocountyca.gov) if there are any concerns, questions or comments with Logic Manager or incident reporting.

### ***Below is the link to report incidents***

<https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

The link will take employees to the reporting screen to begin incident submission:

## Incident Report

Please complete this form

### Client Information

Name of Facility\*  
Select option

Name of Reporting Party\*  
Enter text

Facility Address\*  
Enter text

Facility Phone Number\*  
Enter text

Mental Health or Substance Use Disorder Program?\*  
Select option

Client First Name\*  
Enter text

Client Last Name\*  
Enter text

Enter text

Client Date of Birth  
mm/dd/yyyy

Client Address  
Enter text

Client ID  
Enter text

Gender\*  
Select an option

County of Origin\*  
Select a county

### Summary

Subject ID  
Enter text

Incident (check all that apply)\*  
Select options

If Other-specify (i.e. fire, poisoning, epidemic outbreaks, other catastrophes/events that jeopardize the welfare and safety of clients, staff and /or members of the community):  
Enter text

Description of the incident\*  
Enter text

Similar to the paper version, multiple incident categories can be selected

Incident (check all that apply)\*

Medical Emergency  | Death of Client  |

Homicide/Homicide Attempt

AWOL/Elopement from locked facility

Violence/Abuse/Assault (toward others, client and/or property)

Attempted Suicide (resulting in serious injury)

Injury (self-inflicted or by accident)

Medication Error

← → ↻ 🏠 [fresnodbh.logicmanager.com/incidents/?t=98p=1&k=182be0c5ecd5072bb1864cdee4d3d6e](https://fresnodbh.logicmanager.com/incidents/?t=98p=1&k=182be0c5ecd5072bb1864cdee4d3d6e)

Date of Incident\*

Time of Incident\*

Location of Incident\*

Key People Directly Involved in Incident (witnesses, staff)\*

Did the Injured Party seek Medical Attention?

Attach any additional details

Reported By Name\*

Reported By Email\*

Reported On

As another bonus feature, either drag files (such as a copy of a UOR, additional statements/document) or click on Add File to upload a file.

Reported By Name\*

Reported By Email\*

Reported On  
10/30/2019

Follow Up

Action Taken (check all that apply)\*

Please specify if other

Description of Action Taken\*

Outcome\*

SUBMIT

Similar to the paper version, multiple Action Taken categories can be selected.

Follow Up

Action Taken (check all that apply)\*

Law Enforcement Contacted | Called 911/EMS

Consulted with Physician

First Aid/CPR Administered

Client removed from building

Parent/Legal Guardian Contacted

Other

When done entering all the information, simply click submit.

Any fields that have a red asterisk, require information and will prevent submission of the form if left blank.

Outcome\*

SUBMIT

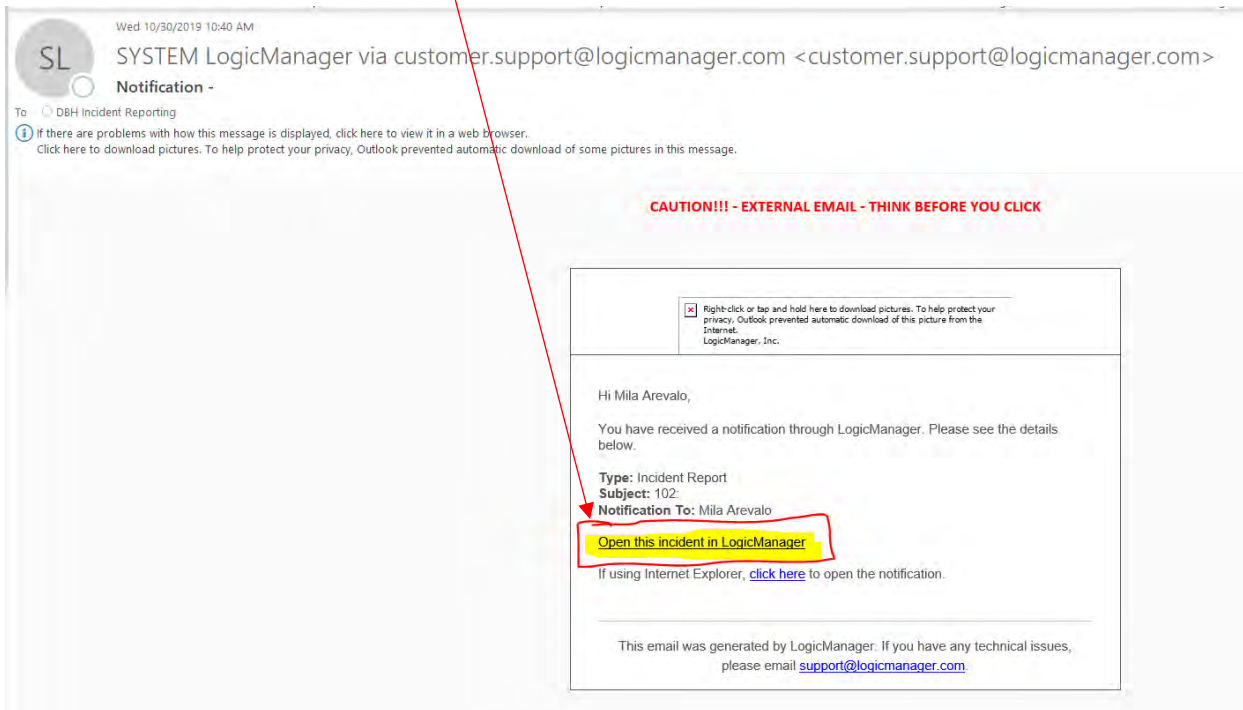
A "Thank you for your submission" statement will pop up if an incident is successfully submitted. Click "Reload the Form" to submit another incident.



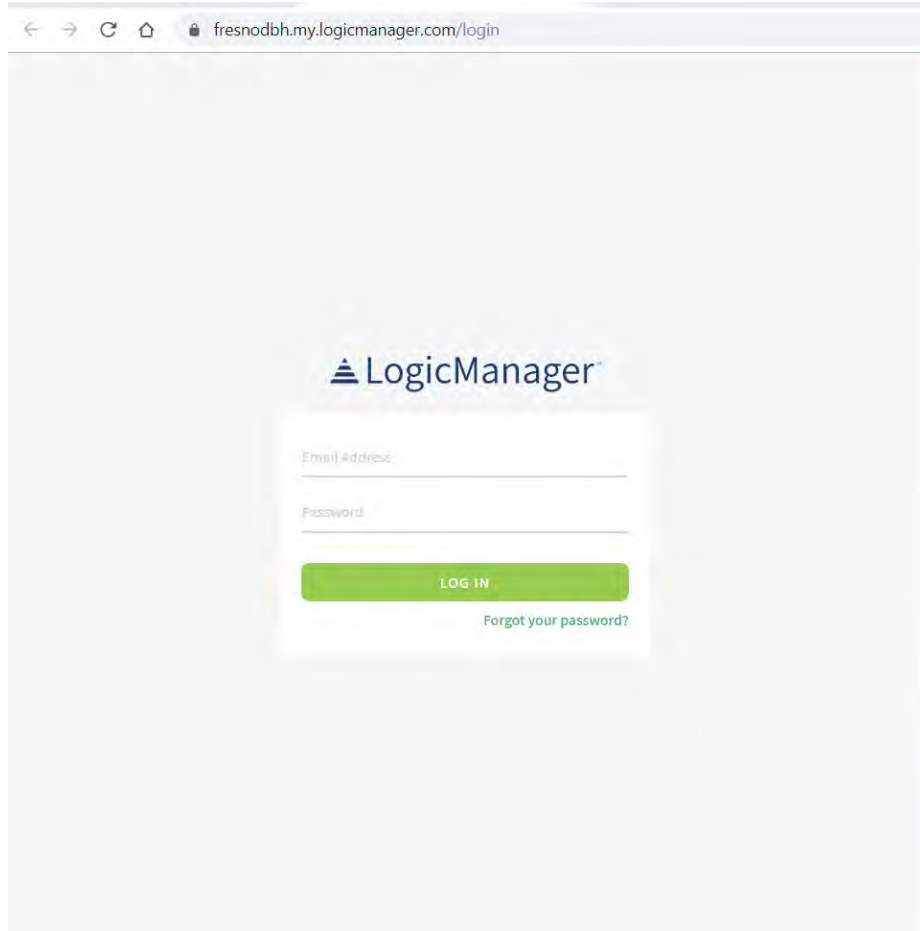
Thank you for your submission!

RELOAD THE FORM

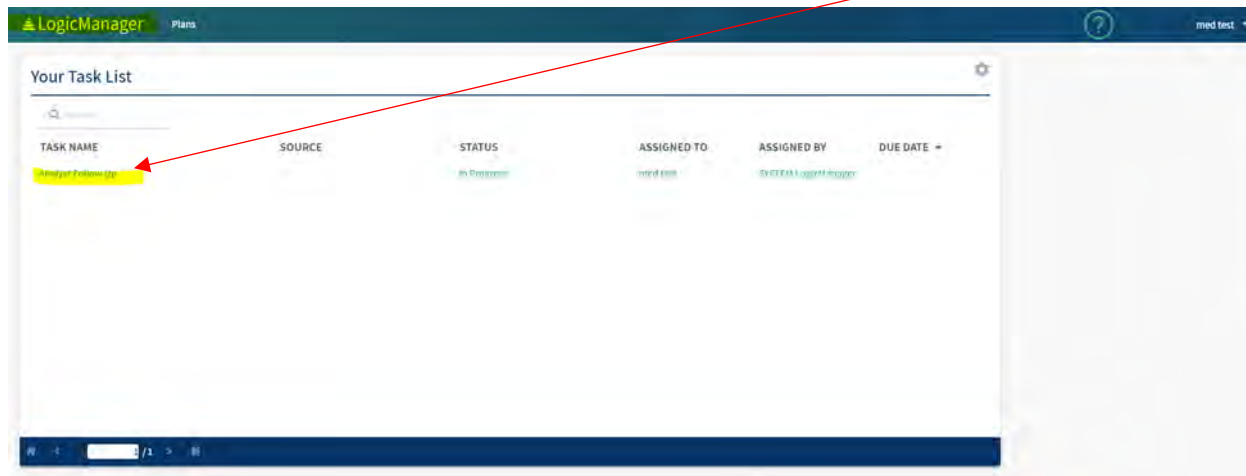
A Notification email will be received when a new incident is reported, or a new comment has been made regarding an incident. Click on "Open this incident in Logic Manager" and the Logic Manager login screen will show.



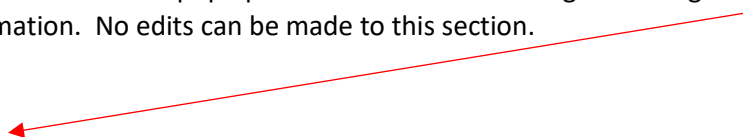
Enter in email address and password. First time users will be prompted to set up a password.



Once logged in, the main screen will show reviewer task (incidents to review). Click on analyst/supervisor follow up to view the incident.



This screen below will then pop up. There are 5 tabs to navigate through. **Client information** will show the client and facility information. No edits can be made to this section.



**Analyst Follow Up**

Task Details | **Client Information** | Summary | Follow Up | Documents

Name of Facility\*  
AA TEST FACILITY AA

Name of Reporting Party\*  
v

Facility Address\*  
v

Facility Phone Number\*  
v

Mental Health or Substance Use Disorder Program?\*

Mental Health

Client First Name\*  
v

Client Last Name\*  
v

Client Middle Initial\*  
v

Task ID: 333 Source: EET-Null

CANCEL | [EDIT] | SAVE

The next tab is **Summary**: No edits can be made to this section.

**Analyst Follow Up**

Task Details | Client Information | **Summary** | Follow Up | Documents

Subject\*  
[Text Field]

Incident (check all that apply)\*  
 Swallow of Client X

If Other (specify i.e. fire, poisoning, epidemic outbreaks, other catastrophes/incidents that jeopardizes the welfare and safety of clients, staff and/or members of the community):  
[Text Field]

Description of the incident\*  
[Rich Text Editor]

Date of Incident\*  
10/08/2019

Time of Incident\*  
[Text Field]

Location of Incident\*  
[Text Field]

Task ID: 312 Source: 103: null

CANCEL | SAVE | SUBMIT

The next tab is **Follow up**: This section can be edited. Add to the areas below or make corrections to these fields. Be sure to click **SAVE** when edits are made. Then **Cancel** to Exit out of the incident.

## Analyst Follow Up

Task Details Client Information Summary **Follow Up** Documents

Action Taken (check all that apply)  
Law Enforcement Contacted X

Please specify if other:

Description of Action Taken:

Outcome:

added information  
cause of death : cause per coroner 10-31-14

Task ID: 313 Source: 103: null

CANCEL **SUBMIT**

The next tab is **Documents**: View and add attachments to the incident. Be sure to click **SAVE** when adding documents. Then *Cancel* to Exit out of the incident.

## Analyst Follow Up

Task Details Client Information Summary Follow Up **Documents**

Search Add Document

Name	Type	Source	Upload Date	Uploaded By
				

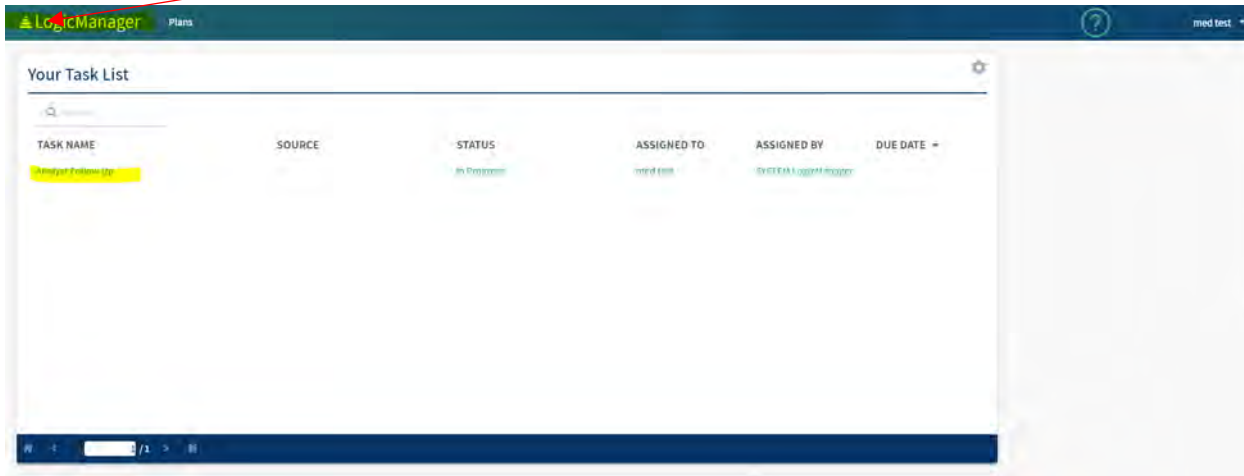
Task ID: 313 Source: 103: null

CANCEL **SAVE** **SUBMIT**

If all tasks are followed up with and the incident no longer needs further review/information, click **SUBMIT**. Once submitted, the incident will be removed from the task list and no further edits can be made. Notice the **SUBMIT** button is on every tab. If further information needs to be included, email

[DBHIncidentReporting@fresnocountyca.gov](mailto:DBHIncidentReporting@fresnocountyca.gov)

To get back to the home view, click on the Logic Manager icon at any time. Any incidents that still need review will show on this screen, click on the next incident and start the review process again.





# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

## Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

## Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



# The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.<sup>1</sup> Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,<sup>2</sup> such as socioeconomic status, education level, and the availability of health services.<sup>3</sup>

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.<sup>4</sup>

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.<sup>5,6</sup> By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities<sup>7</sup> and the National Stakeholder Strategy for Achieving Health Equity,<sup>8</sup> which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

**Of all the forms of inequality, injustice in health care is the most shocking and inhumane.**

— Dr. Martin Luther King, Jr.

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## DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

### I. Identifying Information

Name of entity		D/B/A		
Address (number, street)		City	State	ZIP code
CLIA number	Taxpayer ID number (EIN)	Telephone number (       )		

II. Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list names and addresses of individuals or corporations under "Remarks" on page 2. Identify each item number to be continued.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| A. Are there any individuals or organizations having a direct or indirect ownership or control interest of five percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by Titles XVIII, XIX, or XX? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are there any directors, officers, agents, or managing employees of the institution, agency, or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only) .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |

III. A. List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under "Remarks."

NAME	ADDRESS	EIN

- B. Type of entity:     Sole proprietorship                       Partnership                       Corporation  
                               Unincorporated Associations                       Other (specify) \_\_\_\_\_
- C. If the disclosing entity is a corporation, list names, addresses of the directors, and EINs for corporations under "Remarks."
- D. Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership, or members of Board of Directors) If yes, list names, addresses of individuals, and provider numbers. ....

NAME	ADDRESS	PROVIDER NUMBER

YES NO

- IV. A. Has there been a change in ownership or control within the last year? .....  YES  NO  
 If yes, give date. \_\_\_\_\_
- B. Do you anticipate any change of ownership or control within the year?.....  YES  NO  
 If yes, when? \_\_\_\_\_
- C. Do you anticipate filing for bankruptcy within the year?.....  YES  NO  
 If yes, when? \_\_\_\_\_
- V. Is the facility operated by a management company or leased in whole or part by another organization?.....  YES  NO  
 If yes, give date of change in operations. \_\_\_\_\_

VI. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?.....  YES  NO

VII. A. Is this facility chain affiliated? .....  YES  NO  
 (If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

B. If the answer to question VII.A. is NO, was the facility ever affiliated with a chain?  
 (If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

*Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the agency, as appropriate.*

Name of authorized representative (typed)	Title
Signature	Date

Remarks

## **CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS--PRIMARY COVERED TRANSACTIONS**

### **INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

### **CERTIFICATION**

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
(Name of Agency or Company)

## **SELF-DEALING TRANSACTION DISCLOSURE FORM**

In order to conduct business with the County of Fresno (hereinafter referred to as "COUNTY"), members of a CONTRACTOR's board of directors (hereinafter referred to as "County Contractor"), must disclose any self-dealing transactions that they are a party to while providing goods, performing services, or both for the COUNTY. A self-dealing transaction is defined below:

*"A self-dealing transaction means a transaction to which the corporation is a party and in which one or more of its directors has a material financial interest"*

The definition above will be utilized for purposes of completing this disclosure form.

### INSTRUCTIONS

- (1) Enter board member's name, job title (if applicable), and date this disclosure is being made.
- (2) Enter the board member's company/agency name and address.
- (3) Describe in detail the nature of the self-dealing transaction that is being disclosed to the COUNTY. At a minimum, include a description of the following:
  - a. The name of the agency/company with which the corporation has the transaction; and
  - b. The nature of the material financial interest in the corporation's transaction that the board member has.
- (4) Describe in detail why the self-dealing transaction is appropriate based on applicable provisions of the Corporations Code.
- (5) Form must be signed by the board member that is involved in the self-dealing transaction described in Sections (3) and (4).

<b>(1) Company Board Member Information:</b>			
<b>Name:</b>		<b>Date:</b>	
<b>Job Title:</b>			
<b>(2) Company/Agency Name and Address:</b>			
<b>(3) Disclosure (Please describe the nature of the self-dealing transaction you are a party to):</b>			
<b>(4) Explain why this self-dealing transaction is consistent with the requirements of Corporations Code 5233 (a):</b>			
<b>(5) Authorized Signature</b>			
<b>Signature:</b>		<b>Date:</b>	